

Reproductive Health Training

For Primary Providers

A SourceBook
for
Curriculum Development

Module 3 Family Planning



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ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
BBT	basal body temperature
BP	blood pressure
CIC	combined injectable contraceptive
CMM	cervical mucus method
COC	combined oral contraceptive
DMPA	depo medroxyprogesterone acetate (Depo Provera®)
EC	emergency contraception
ECP	emergency contraceptive pill
FP	family planning
HIV	human immunodeficiency virus
HLD	high-level disinfection
IUD	intrauterine contraceptive device
LAM	lactational amenorrhea method
MAQ	maximizing access to and quality of care
MH	maternal health
NET-EN	norethindrone enanthate (Noristerat®)
NFP	natural family planning
OC	oral contraceptive
PHC	primary health care
PID	pelvic inflammatory disease
POP	progestin-only pill
RH	reproductive health
RTI	reproductive tract infection
SBE	self-breast examination
SDP	service delivery point
STI	sexually transmitted infection
UPI	unprotected intercourse
VSC	voluntary surgical contraception

INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as a reference to develop or revise curricula for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and reproductive health workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers. It can also be used, as is or adapted, to develop curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach may also vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically, the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each major job or service component. A list of the eight *SourceBook* modules appears below.¹ This module is highlighted.

Module 1	Counseling clients for family planning/reproductive health services
Module 2	Educating clients and groups about family planning/reproductive health
Module 3	Providing family planning services
Module 4	Providing basic maternal and newborn care services
Module 5	Providing postabortion care services
Module 6	Providing selected ² reproductive health services
Module 7	Working in collaboration with other reproductive health and community workers
Module 8	Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

¹ Other jobs, or modules, may be identified and developed.

² This module features RH topics not covered in the other *SourceBook* modules.

OVERVIEW OF MODULE 3

Module 3 contains the components for developing a curriculum or a curriculum unit on providing family planning (FP) services. Such services include:

- providing family planning for women at different life stages (e.g., adolescence, preconceptional, postpartum, perimenopausal), as well as in various life situations (e.g., postabortion, with or without children, after the use of emergency contraception (EC), circumcised, or in a relationship with an uncooperative partner),
- managing side effects and other problems possibly related to contraceptive method use,
- partially managing and/or referring for complications that cannot be treated at the service site, and
- referral to other needed health care or social services.

This module refers to and/or incorporates the knowledge and skills covered in other *SourceBook* modules (i.e., counseling clients; educating clients and groups; providing maternal and newborn care services; providing postabortion care services; providing selected RH services; working in collaboration with other RH and community workers; organizing the FP/RH clinic for MAQ).

When developing a performance-based curriculum for providing FP services, the following key resources are essential to use in conjunction with Module 3:

Key Resources (full citations are contained in the User's Guide and the **References** list at the end of this module):

- *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers* (INTRAH)
- *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers* (Mtawali et al)
- *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods* (WHO)
- *Recommendations for Updating Selected Practices in Contraceptive Use: Results of a Technical Meeting, Volumes I & II* (Technical Guidance/Competence Working Group)
- Family Planning Methods: New Guidance (*Population Reports*)
- *Essentials of Contraceptive Technology* (Hatcher et al)
- *Emergency Contraception* (Hatcher et al)
- *Contraception: Your Questions Answered* (Guillebaud)
- national or local service guidelines

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum for providing family planning services.

Mapping Module 3

On the following pages are a series of figures that progressively build the “map” of Module 3 (Figures 1 through 5). The term “map” has a unique meaning in the *SourceBook*. Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee’s JOB (the JOB for Module 3 is “providing FP services”);
- the MAJOR TASKS of the job;
 - the KNOWLEDGE required to perform the job;
 - the SKILLS required to perform the job;
 - KNOWLEDGE ASSESSMENT QUESTIONS; and
 - SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each representing one of the six main components of the module. Since the JOB is the primary component of each module, it appears at the top of the map.

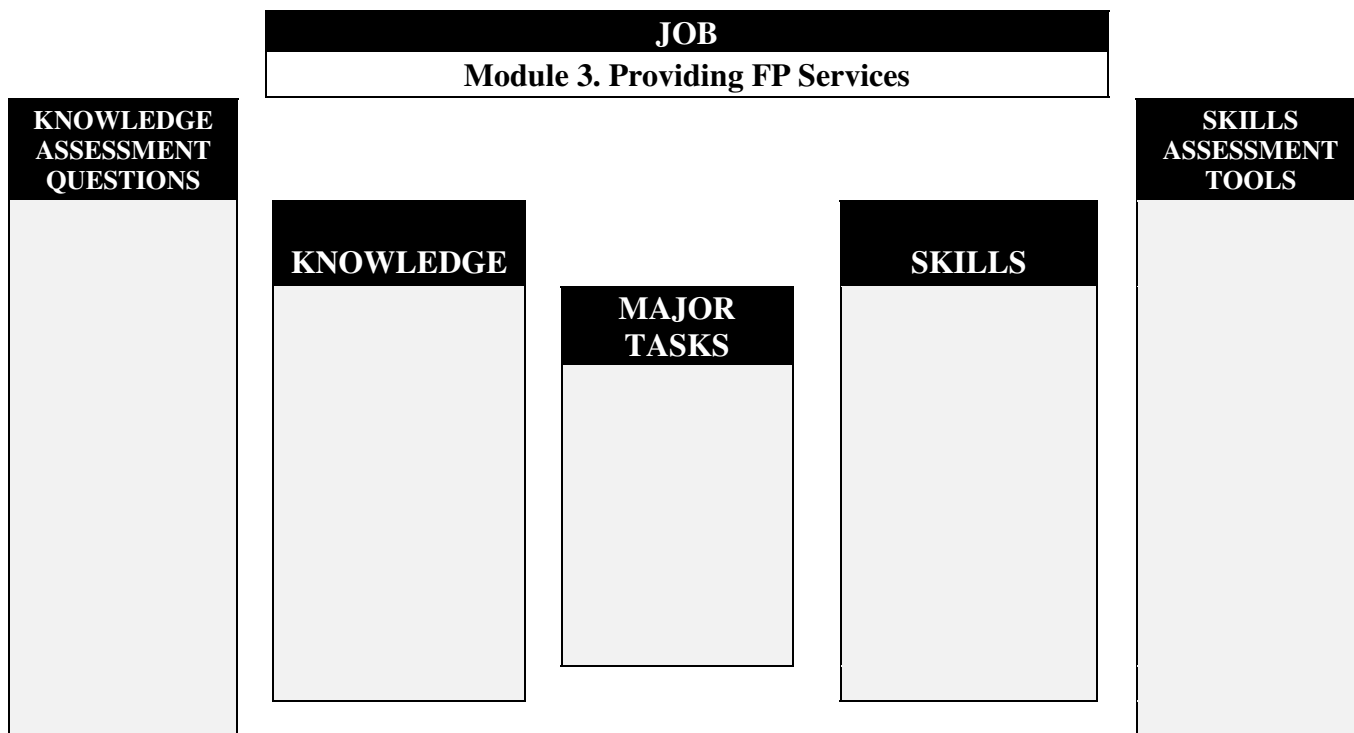


Figure 1
The Module “Map”

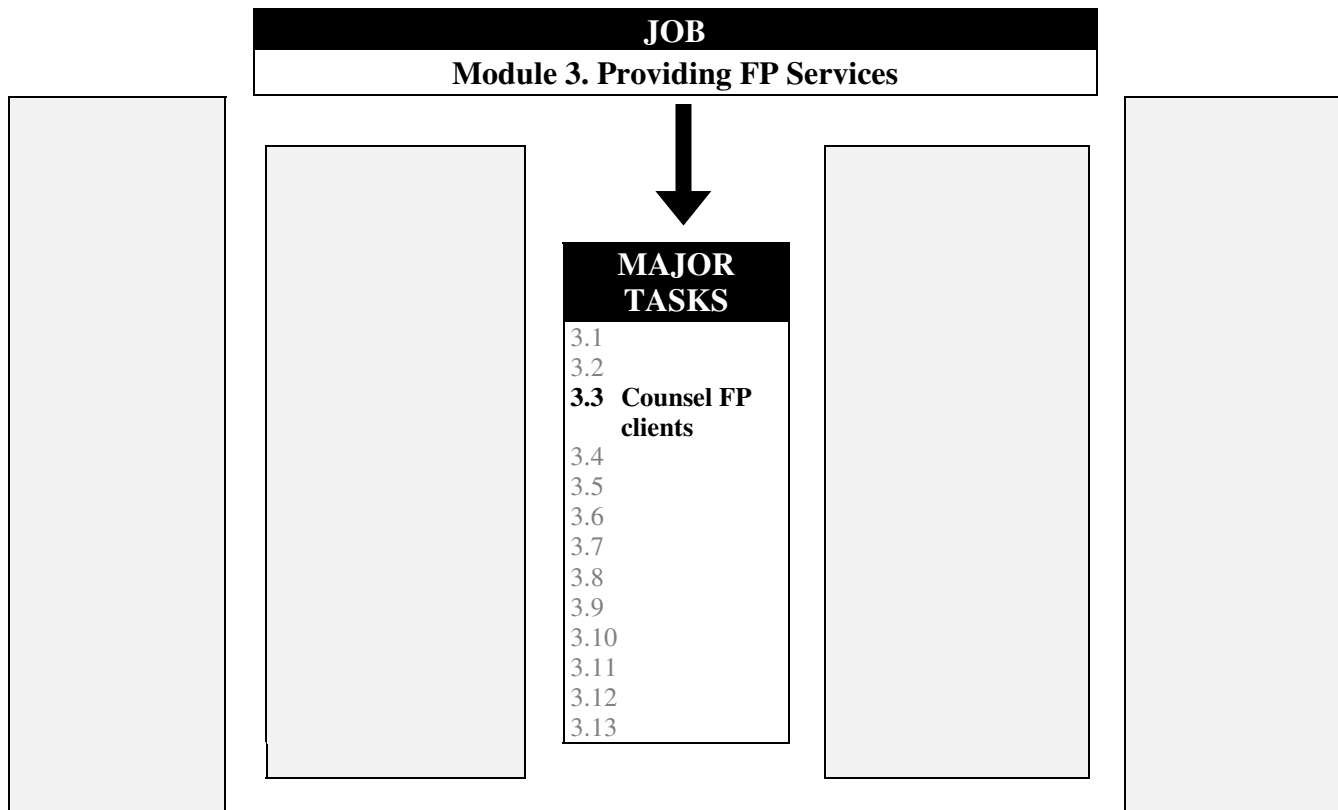


Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module the JOB, “Providing FP Services,” consists of 13 MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the 13 MAJOR TASKS in Module 3, “counsel FP clients,” is featured in Figure 2.

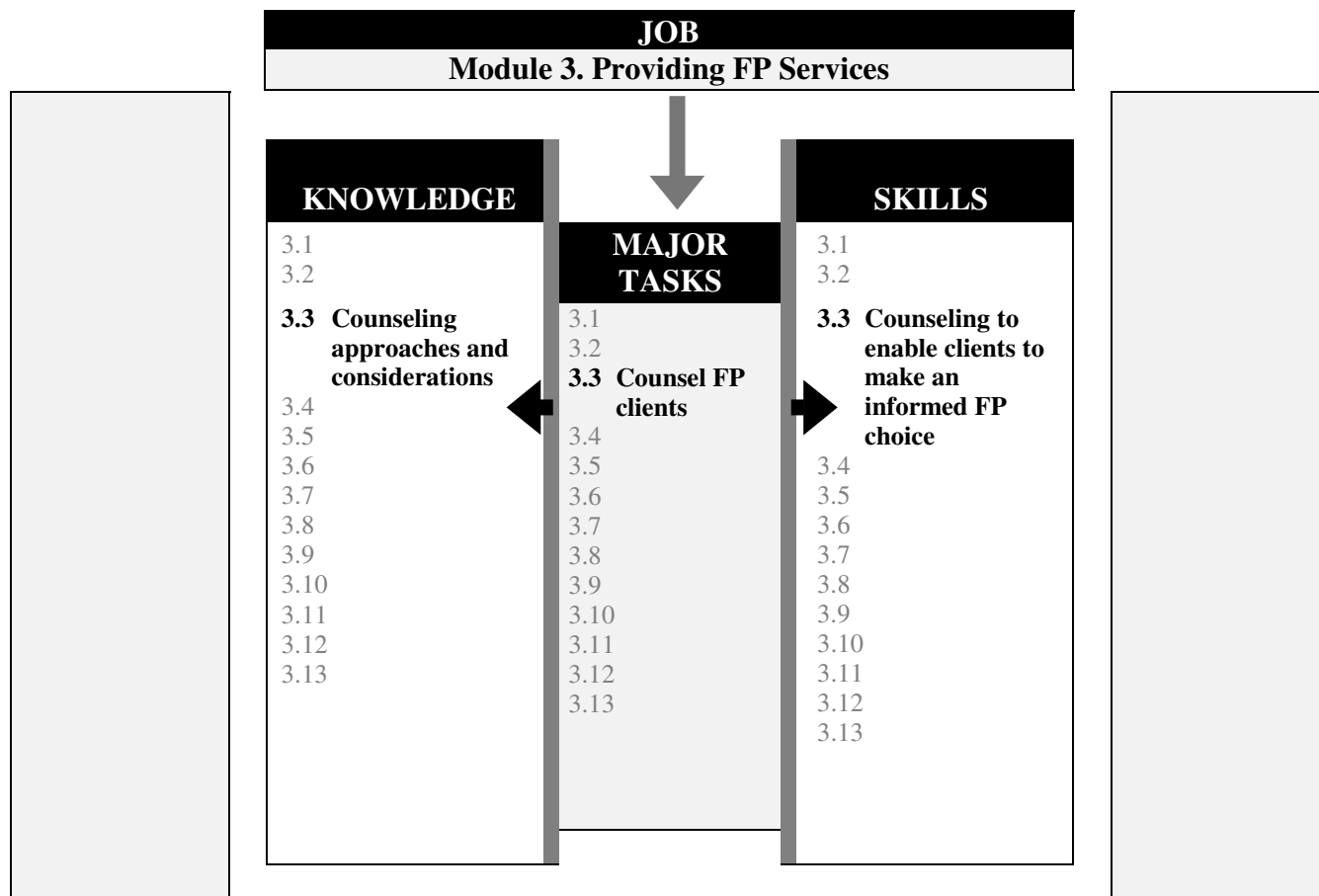


Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. The module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In this example, the KNOWLEDGE required to perform the MAJOR TASK of counseling clients consists of counseling approaches and considerations. Likewise, only the skills which make up the MAJOR TASK are detailed in the SKILLS component of the module. In this example, the SKILL that must be practiced is using the counseling approaches in order to help clients make an informed choice.

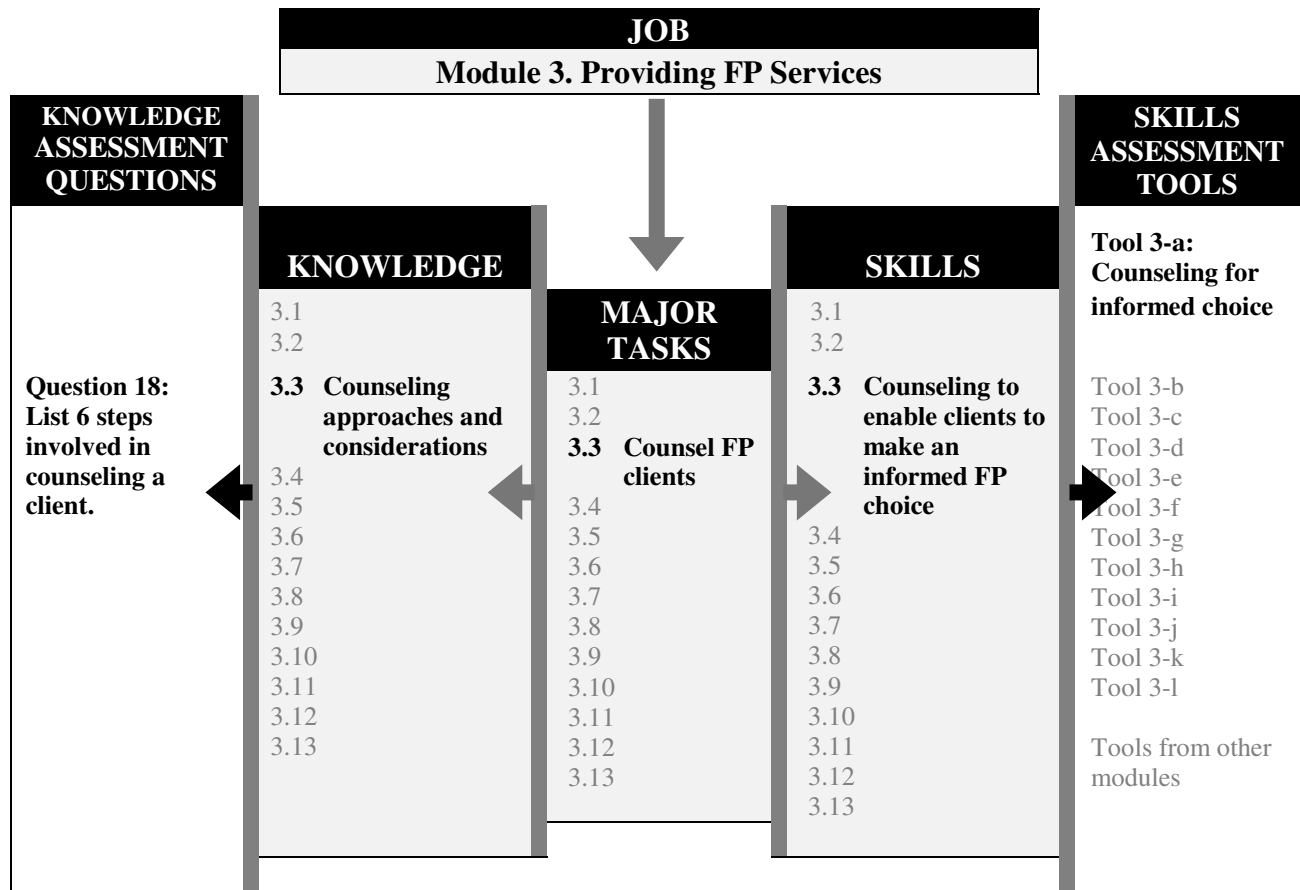


Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that trainees can adequately perform each MAJOR TASK, the module includes two types of assessment instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They can also be used when the trainee is in her/his job site to assess the trainee's knowledge and performance of new skills on the job.

For a complete map of this module, see Figure 5 on the next page.

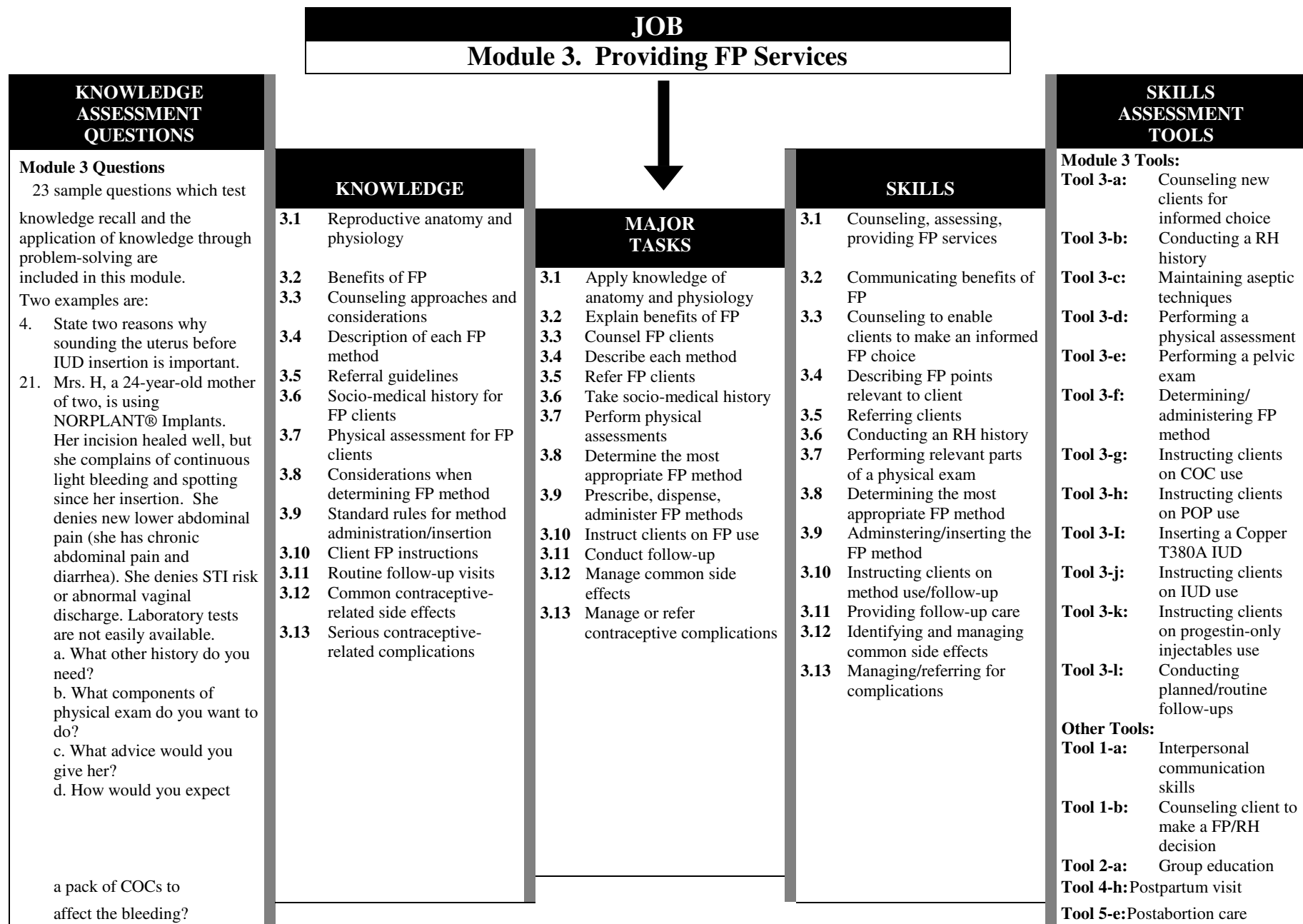


Figure 5: Detailed map of Module 3

COMPONENTS OF THE MODULE

JOB

The overall job covered by this module is to provide the FP services that are appropriate for the provider's level of training, experience and the setting in which s/he works.

MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

- 3.1 Apply knowledge of reproductive anatomy and physiology to client counseling for choosing a contraceptive method; for the management of contraceptive side effects; and to other related RH care (e.g., postpartum, postabortion).
 - 3.2 Explain the health and other benefits of FP for mothers, children and families.
 - 3.3 Counsel clients to enable them to make informed choices of FP methods.
 - 3.4 Describe for clients at various stages of their life cycle and in varying circumstances (e.g., postpartum, postabortion, after use of emergency contraception [EC]) the natural, hormonal, barrier, surgical and traditional FP methods and intrauterine contraceptive devices (IUDs), using the 13 point trainer's guide.
 - 3.5 Refer clients for FP methods and FP/RH services not provided by the service site, according to the clients' preferences.
 - 3.6 Take and record relevant aspects of the clients' socio-medical histories using the local agency FP/RH card. Supplement the card, as appropriate.
 - 3.7 Perform relevant components of physical assessments for FP/RH clients, depending on the selected FP method or health problem.
 - 3.8 Determine, with individual clients, the most appropriate FP method based on clients' informed choice, findings from history-taking and physical assessments, and consideration of the risks and benefits of the method and the clients' situation.
 - 3.9 Correctly prescribe, dispense, administer or insert the method selected, following appropriate infection prevention procedures.
 - 3.10 Instruct clients on the use of the selected FP method and further discuss the method's most common side effects.
 - 3.11 Conduct routine follow-up for FP clients in a way that enhances continuing satisfaction and acceptance.
 - 3.12 Help clients manage common side effects of contraceptive methods.
 - 3.13 Manage contraceptive-related complications, and refer clients as necessary.
-

KNOWLEDGE

&

SKILLS

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the 13 major tasks which comprise the job of providing women with FP services. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other SourceBook modules, as an appendix to this module, or in other references (see References at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. Some of the skills assessment tools cited are included in this module; others can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See **References** for the full citation of the sources listed.)

MAJOR TASK 3.1

Apply knowledge of reproductive anatomy and physiology to client counseling for choosing a contraceptive method; for the management of contraceptive side effects; and to other related RH care (e.g., postpartum, postabortion).

KNOWLEDGE

3.1 Reproductive anatomy and physiology

(see Scanlon and Sanders: *Essentials of Anatomy and Physiology*)

3.1.1 *Male human reproductive system: anatomy and physiology*

- review of function of the following (including range of normal):
 - external organs: scrotum, penis (including foreskin and glans)
 - internal organs: testicles, epididymis, vas deferens, seminal vesicles, Cowper's gland, urethra

3.1.2 *Female human reproductive system: anatomy and physiology*

- review of function of the following (including range of normal):
 - external genitalia: mons pubis, labia majora and minora, clitoris and clitoral prepuce (hood), fourchette, vestibule, vaginal orifice (introitus), hymen

- variations due to childbirth trauma, illness or female circumcision (vesico-vaginal fistulas, excision of clitoral prepuce or hood, clitorrectomy and infibulation)
- internal organs: vaginal canal, cervix (ectocervix), cervical canal (endocervix), uterus (isthmus, corpus), fallopian tubes (oviducts or uterine tubes), ovaries
- menstrual cycle (see Mtawali et al: *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers*)
 - definition of menstrual cycle
 - phases: menstrual bleeding, estrogen and progesterone phases
 - hormonal effects on the menstrual cycle: hormones of the hypothalamus, anterior pituitary gland, ovaries
 - feedback in the menstrual cycle
- accessory organs
 - breasts: anatomy; process of suckling by the baby and consequent lactational amenorrhea (anovulatory state); changes in breasts during pregnancy, postpartum and during lactation; changes with benign and malignant growths (see Module 4: Maternal and Newborn Care Services)

SKILLS

3.1 Applying knowledge of reproductive anatomy and physiology when:

- providing male FP methods:
 - modern: condoms, vasectomy
 - traditional: withdrawal
- providing female FP methods:
 - barrier methods: fitting of diaphragm, cervical cap, spermicide use, female condom
 - hormonal methods: mechanism of action, side effects (see Tool 3-g: Instructing clients on the use of COCs; Tool 3-h: Instructing clients on the use of POPs; 3-k: Instructing clients on the use of progestin-only injectables; and 3-l: Planned/routine follow-up FP visits for users of COCs, POPs, injectable methods, the diaphragm and the IUD)
 - IUDs: advantages, disadvantages, mechanism of action, insertion, removal (see Tool 3-i: Inserting the Copper T 380A IUD)
 - fertility awareness methods (natural FP): changes in cervical mucus, ovarian midcycle pain, Billings method for FP and for conception
 - breastfeeding and contraception: lactational amenorrhea method (LAM) and guidance for primiparous client on effective positioning of baby for breastfeeding

- surgical contraception: client education on what happens during surgical sterilization; dispelling misconceptions or concerns
- emergency contraception
- conducting a breast examination (see Tool 3-d: Performing a physical assessment)
 - teaching self-breast examination (SBE)
 - teaching characteristics of abnormalities
 - teaching postpartum women what to expect, how to detect abnormalities, and how to solve breastfeeding problems
- conducting a pelvic examination (see Tool 3-e: Performing a pelvic exam)
 - teaching characteristics of abnormalities
- counseling/educating on physiological changes over the life cycle (e.g., changes during adolescence, during and after pregnancy, during menopause)
 - providing selected aspects of antenatal and postpartum care, e.g., presumptive and positive signs of pregnancy; recognition of danger signals during pregnancy; postpartum changes of reproductive organs; prevention of puerperal infection
 - providing selected aspects of postabortion care, e.g., recognition of complications; appropriate FP methods and when to start in relation to return of ovulation postabortion
 - providing care for selected aspects of female infertility: causal factors, investigations, preventive measures by provider and client
 - providing care for other reproductive health problems, including recognition of sexually transmitted infections (STIs) and reproductive tract infections (RTIs) (see Tools in Module 4: Maternal and Newborn Care and Tools in Module 5: Postabortion Care)

MAJOR TASK 3.2

Explain the health and other benefits of FP for mothers, children and families.

KNOWLEDGE

3.2 Benefits of FP for maternal, child, family and community welfare

3.2.1 *Definition of FP* (see Glossary in User's Guide)

- according to WHO: emphasizing the voluntary decision of the individual/couple and the health and socio-economic outcomes
- according to national or institutional guidelines, if available
- according to the concept of birth spacing: waiting at least 2 years after giving birth to one child before having another one (waiting at least 15 months before becoming pregnant again)

3.2.2 *Health benefits of FP* (**Note:** Support information below with local or regional statistics.)

- benefits to the mother of birth intervals of two or more years
 - reduced incidence of poor health related to pregnancy, delivery and postpartum
 - reduced incidence of spontaneous abortion
 - adequate time for providing individual child care and guidance
 - adequate time for breastfeeding and subsequent possibility of gradual weaning of each child
- benefits to the unborn baby or other babies under 5 years old of birth intervals of two or more years
 - reduced incidence of low birth weight
 - reduced incidence of stillborn babies
 - increased time for mother-child interaction resulting in greater likelihood of well-adjusted child
 - reduced incidence of protein calorie malnutrition or marasmus
 - improved survival rate of children aged 0 to 5 years
- relationship among birth order, child survival and mother's health
 - birth order influences the nutrient (and other) resources of the mother (and the household) and ultimately the survival rate of unborn and 0 to 5 year old children
- relationship between mother's age and mother's or child's health
 - health of the mother and child are adversely affected if the woman becomes pregnant while under 18 or over 40 years of age
 - children born to mothers under 18 years of age are the least likely to survive or enjoy good health
 - mothers under 18 years old are often not prepared emotionally, economically or socially to provide the required child care
- non-contraceptive benefits of FP methods, e.g., condoms, oral contraceptives (OCs), injectables, etc. (see Mtawali et al: *The Menstrual Cycle and Its Relation to Contraceptive Methods* and Module 3, knowledge assessment questions, answers to questions 10, 14 and 16)

3.2.3 *Socio-economic and other benefits of FP, including:*

- meeting basic needs: food, shelter, clothing, feeling of being loved and belonging to the family, family relationships, cultural practices of helping each other in times of stress or celebration
- providing a safe environment: adequacy of room for everyone in a home, conservation of forests and firewood, sanitary surroundings
- advancing individual, couple or community development: promoting adequate education and provision of schools; health facilities and medicines; water availability/supply; income generation or employment opportunities

3.2.4 *Some factors that influence acceptance and continuation of FP*

- educational status
- knowledge of methods
- spouse's knowledge of methods
- age at birth of first child
- accessibility of temporary methods
- knowledge of side effects and how to cope with them

SKILLS

3.2 Communicating the benefits of family planning for women and families while:

- counseling clients to make an informed decision (see Tool 3-a: Counseling for informed choice of FP methods; Tool 1-b: Counseling the client to make an FP/RH decision)
- educating individuals and groups (see Tool 2-a: Providing group education about FP/RH)
- providing postabortion counseling (see Tool 5-e: Providing postabortion FP counseling)
- conducting a 4 to 6 weeks postpartum visit (see Tool 4-h: Conducting a 4-6 weeks postpartum visit – mother)

MAJOR TASK 3.3

Counsel clients to enable them to make informed choices of FP methods.

KNOWLEDGE

3.3 Counseling approaches and considerations (see Appendix B: Rights of the client)

3.3.1 *Respecting client's choice of method*

- honor client's first choice, when possible
- offer detailed information to all clients, particularly to clients who do not have a preference, or who are not eligible for their first choice

3.3.2 *Client-centered counseling*

- use a dynamic style of counseling which responds to the individual client's needs (not just a standard recitation of information) and provides opportunities for counseling throughout the interaction
- avoid overloading a client with more information than she needs to successfully and safely use the method of her choice

- be sensitive when counseling adolescents (e.g., offer extra privacy, confidentiality, allow them to express their feelings, avoid mothering, provide accurate information, show acceptance, assist to be confident and responsible in their actions)

3.3.3 *Definition of informed choice* (see Glossary in the User's Guide; Appendix A: Informed Choice)

3.3.4 *Purpose and process steps for counseling*, using the national or local FP procedure manual OR, in the absence of a procedure manual, using one of two approaches commonly used in FP clinics

- first approach
 - prepare counseling setting and materials
 - establish and maintain rapport throughout the session
 - determine client's FP needs and understanding of FP methods
 - » ask client information that will help determine possible suitability of a method (e.g., age, number/age/spacing of children, birth date of last child, reproductive goals, past use of FP methods)
 - » clarify whether the client already has a preferred method and what she knows about the method
 - » list possibly suitable methods for the client and ask what she knows about them
 - building on what client already knows and according to client's interest, explain the FP method(s) possibly suitable for the client according to the guide below:
 - » what the method is
 - » how it works to prevent pregnancy
 - » effectiveness (generally or compared to other FP methods)
 - » benefits/advantages, non-contraceptive benefits and protection from STIs and HIV/AIDS
 - » disadvantages, side effects and lack of protection from STIs and HIV/AIDS
 - » who can use the method
 - » who should not use the method
 - confirm the method initially selected by the client or suggest alternatives, taking into consideration the client's reason for FP and honoring the client's first choice (for some methods, the history and physical exam conducted later may prove the initial choice inappropriate; in such cases, the client will then be helped to make a more appropriate choice)
 - close counseling session and explain the next steps according to method selected (e.g., take history, physical exam, etc.)

- second approach
 - use the acronym "GATHER" as a reminder of some basic components of the FP counseling process, to promote informed choice:
 - » **G**reet clients in a friendly and helpful way
 - » **A**sk clients about their FP needs
 - » **T**ell clients about available FP methods
 - » **H**elp clients decide which method(s) they want to use
 - » **E**xplain how to use the method chosen
 - » **R**eturn visits should be planned and client informed about them

SKILLS

3.3 Counseling women:

- using appropriate communication skills (see Tool 1-a: Using interpersonal communication skills)
- for informed choice about FP methods (see Tool 3-a: Counseling for informed choice of FP methods)
- to make an FP decision (see Tool 1-b: Counseling for an FP/RH decision)
- in various life stages and situations (see Tool 4-h: Conducting a 4 to 6 weeks postpartum visit – mother; Tool 5-e: Providing postabortion FP counseling)

MAJOR TASK 3.4

Describe for clients at various stages of their life cycle and in varying circumstances (e.g., postpartum, postabortion, after use of emergency contraception (EC)) the natural, hormonal, barrier, surgical and traditional FP methods and intrauterine contraceptive devices (IUDs), using the 13 point trainer's guide.

KNOWLEDGE

3.4 Description of each FP method

Trainer's Guide: Trainers must be prepared to explain the following 13 points for each contraceptive method (**Note:** use local or national FP procedure guidelines; INTRAH: *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers*; Hatcher et al: *Essentials of Contraceptive Technology* and/or other current texts, for more detailed content of each method).

Providers will explain some of the points during counseling for informed choice of FP methods (see Tool 3-a: Counseling for informed choice of FP methods), and they will explain other points when providing and explaining how to use a selected method (e.g., see Tool 3-g: Instructing clients on the use of COCs, Tool 3-h: Instructing clients on the use of POPs, Tool 3-j: Instructing clients on the use of a Copper T 380A IUD, and Tool 3-k: Instructing clients on the use of progestin-only injectables).

1. classification/type of method
2. mechanism of action (anatomic and physiologic basis)
3. onset of action
4. situations in which the method may be suitable (see WHO: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods*)
5. conditions for restricting the use of the method
6. advantages, including non-contraceptive benefits and protection from STIs and HIV/AIDS
7. disadvantages
8. side effects and possible complications, the anatomic and physiologic basis for these, and guidelines for managing them
9. drug interactions, where applicable
10. reasons to return to the health site/seek health care provider's urgent assistance
11. guidelines for initiating the method (see Technical Guidance/Competence Working Group: *Recommendations for Updating Selected Practices in Contraceptive Use, Volumes I and II*)
12. user instructions
13. guidelines for conducting routine follow-up visits (first follow-up visit, annual visit)

3.4.1 *Fertility awareness* (natural FP methods)

- meaning of and a description of natural family planning methods (NFP) (trainee should be able to describe all 13 points)
- usefulness in managing infertility and for contraception
- NFP method commonly used (where there are no literate clients or thermometers):
 - Cervical Mucus/ovulation/Billings method
- counseling on Cervical Mucus Method (CMM) in a facility with or without the service
- referral to fertility awareness centers, if necessary
- special considerations
 - difficult to use effectively during adolescence, peri-menopausal, postpartum (if not breastfeeding), postabortion or other times when menstrual cycle may not be regular
 - does not offer protection against STIs and HIV/AIDS
 - requires partner cooperation

3.4.2 *Lactational amenorrhea method (LAM)*

- description (trainee should be able to describe all 13 points)
- effectiveness: 98 percent effective when:

- a woman is fully breastfeeding (no supplements) with no more than 4 to 6 hours between feeds **AND**
- menses have not yet returned **AND**
- baby is less than 6 months old
- special considerations
 - LAM does not offer protection against STIs and HIV/AIDS
 - human immunodeficiency virus (HIV) may be transmitted through breastmilk (**Note:** Breastfeeding, however, may still be preferable where safe alternatives to breastfeeding are not affordable.)

3.4.3 *Progestin-only methods*

- description (trainee should be able to describe all 13 points)
- progestin-only injectables (NET-EN, DMPA)
 - frequency of injection and time window for late re-injections
 - when to give first injection
 - differences and similarities between DMPA and NET-EN
 - drug interactions: those listed below for POPs and NORPLANT® Implants do **not** apply to DMPA but may apply to NET-EN
- progestin-only oral contraceptives, progestin-only pills (POPs/mini-pills)
 - the progestin dose is about one-third of the progestin dose in combined oral contraceptives (COCs), absence of estrogen
 - important drug interactions that render POPs much less effective: rifampin, griseofulvin and most anticonvulsants (including phenobarbital, primidone, phenytoin, carbamazepine, but not valproic acid)
 - importance of taking POPs at the same time everyday
- NORPLANT® Implants
 - duration of effectiveness; when to remove
 - important drug interactions which render NORPLANT® Implants much less effective: rifampin, griseofulvin and most anticonvulsants (same as for POPs)
 - where NORPLANT® Implant services are provided
 - other important information based on local and national service guidelines and standards
- special considerations
 - these methods do not offer protection against STIs and HIV/AIDS
 - POPs are under study as a method of EC (if taken within 48 hours after unprotected sex), but the required dose is .75 mg levonorgestrol (about 20 mini-pills per dose)

3.4.4 *Combined estrogen-progestin methods*

- description (trainee should be able to describe all 13 points)
- COC pills
 - current role of non-physician provider (update on local situation)
 - differences and similarities among available COCs
 - prescription guidelines according to institutional or national protocol: number of packets at first visit (typically 3) and follow-up visits (may be 12)
 - important drug interactions which render COCs much less effective: rifampin, griseofulvin and anticonvulsants (except valproic acid)
- combined injectable contraceptives (CICs)
 - frequency of injection and time window for late re-injections
 - when to give first injection
 - differences and similarities between Cyclofem and Mesigyna
 - drug interactions, same as those listed above for COCs
- special considerations
 - these methods do not offer protection against STIs and HIV/AIDS
 - COCs may be used as a method of EC if 4 low-dose (30-35 mcg) pills taken within 72 hours after unprotected sex and a second dose of 4 pills taken after 12 hours

3.4.5 *Barrier methods*

- description (trainee should be able to describe all 13 points)
- barrier method for males
 - condoms
 - » how to teach correct use (models)
 - » number of condoms at each visit (guidelines)
 - » how to help women negotiate male condom use when necessary (role play)
- barrier methods for females
 - diaphragm or cervical cap and spermicide
 - » timing of fitting
 - » client teaching on fitting
 - » care of the diaphragm or cap
 - » what to do after delivery, abortion or weight change
 - female condom
- spermicidal contraceptives
 - spermicides: Nonoxynol-9, others

- forms: jellies, creams, foams, foaming tablets, contraceptive-film
- reason for using spermicide with other barrier methods
- special considerations
 - these methods offer protection against STIs and HIV/AIDS
 - convenient for individuals who have infrequent or unplanned sex (e.g., couples who are separated by employment or educational pursuits, adolescents, etc.)

3.4.6 *Voluntary surgical contraception (VSC)*

- description (trainee should be able to describe all 13 points)
- vasectomy (including no-scalpel technique)
- tubal ligation (mini-lap, laparoscopy)
- comparison of the two methods (surgical risk, efficacy, reversibility)
- selection of clients
- counseling in a center with or without VSC
- consent forms
- referral
- special considerations
 - these methods do not offer protection against STIs and HIV/AIDS
 - life stage, life situation and risk of regret

3.4.7 *Traditional methods* (content dependent on locale)

- types being used locally
- reasons for use
- influences of traditional methods on FP practice
- identification of harmful practices
- whether to encourage or discourage use of traditional FP methods: an issue depending on FP/RH service policy guidelines or general/primary health care (PHC) service policy guidelines

3.4.8 *Intrauterine contraceptive device (IUD)*

- description (trainee should be able to describe all 13 points)
- types commonly available:
 - Copper T 380A (distributed by USAID and other donors)
 - Multiload 375 and Nova T200 (manufactured by Leiras, Finland, and Schering, Germany)
- progestin-releasing IUDs
 - not yet widely-available

- 20 mcg/d levonorgestrel IUD (LNg-IUD) is therapeutic for dysmenorrhea and anemia from heavy menses, and may provide some protection against pelvic infection
- client screening by history to include assessment of STI risk; counseling dependent on STI risk, client preference and desire for future fertility
- screening by history and physical exam for reproductive tract infection (RTI)
- equipment and training required for IUD insertion/removal; maintenance of asepsis and prevention of infection spread
- timing of insertion during client's menstrual cycle
- procedure for insertion of each type of IUD, including maintenance of asepsis, "no-touch technique" and cardinal rule for IUD insertion (see Hatcher et al: *Contraceptive Technology, 16th ed.*)
- client care immediately following insertion
- postpartum insertion within 48 hours or between 4 and 8 weeks after delivery
- postabortion insertion immediately or within the first 7 days postabortion if no signs of infection
- duration of effectiveness of IUD method: Copper T 380A (10 years, as of 1996; likely to be declared longer after further research)
- shelf life for Copper T 380A: 7 years (**Note:** This refers only to sterility of packaging; tarnished copper is not a problem)
- indications for removal
- procedure for removal
- special considerations
 - do not offer protection against STIs and HIV/AIDS
 - not first choice for young or nulliparous women (requires thorough counseling)
 - potential difficulty with insertion in women who have been circumcised, depending on severity of circumcision
 - use as a method of EC (if inserted 5 to 7 days after unprotected sex)

3.4.9 *Emergency Contraceptive Pills (ECPs)*

- description (trainee should be able to describe all 13 points)
- efficacy: approximately 75 percent; efficacy only proven if treatment starts within 72 hours of unprotected sex
- can be used at any time during the menstrual cycle when provider can be reasonably sure client does not already have an established pregnancy (implantation occurs 5 to 7 days after fertilization; ECPs will not cause abortion; i.e., cannot dislodge implanted pregnancy)
- mechanism of action: prevents fertilization

- instructions: 4 low dose (30 to 35 mcg ethinyl estradiol) COCs within 72 hours and 4 more COCs after 12 hours
- side effects: nausea and vomiting
- warning signs/complications: if no menses within one month, suspect pregnancy
- counseling: STI protection, use of long term FP method after ECP (can begin COCs or other reversible method immediately)
- particularly helpful for:
 - unplanned and/or untimely intercourse
 - failure of method (e.g., condom breaking)
 - rape, incest
- IUDs can also be used for EC, but require careful screening for STI risk; may be inserted within 5 days of unprotected intercourse

3.4.10 *Method selection for postpartum and postabortion women*

- FP methods for breastfeeding mothers
 - preferred methods include non-hormonal methods: LAM, condoms, IUDs, male and female sterilization (**Note:** If IUD insertion does not take place within the first 48 hours after delivery, it is better to wait until 4 to 8 weeks postpartum.)
 - second choice methods: POPs, Depo Provera® (DMPA)/ Noristerat® (NET-EN), NORPLANT® Implants, diaphragms (**Note:** Progestin-only methods may be started **after** 6 weeks postpartum if the woman does not choose to rely on LAM.)
 - the diaphragm may be fitted **after** 6 weeks postpartum when the uterus has involuted (returned to its normal size)
 - COCs and CICs are last choice for the fully breastfeeding mother, as a WHO study showed that estrogen slightly decreases and alters breastmilk production
 - new mothers can become pregnant before menses returns (**Note:** Do not make lactating women wait for menses to initiate their method of first choice.)
- FP methods for postpartum women, whether breastfeeding or not
 - NFP is not recommended until the menstrual cycle has become regular again
 - condoms and spermicides are recommended because of their protective effect against infection
 - postpartum women who are **not** breastfeeding can use:
 - » any of the methods recommended for breastfeeding mothers
 - » estrogen containing methods (e.g., COCs and CICs) starting at 4 to 6 weeks postpartum
- FP methods for women postabortion

- if abortion takes place in first trimester, women can get pregnant again right away (within 11 days)
- if there is any sign of infection, IUDs should **not** be inserted
- because postabortion women often have irregular bleeding for several months, NFP is not recommended
- any of the methods recommended for postpartum women are also recommended for postabortion women
- postabortion women can use estrogen-containing methods (COCs and CICs)

SKILLS

- 3.4 Describing the relevant points for clients of the FP method they have selected** (fertility awareness, LAM, progestin-only injectables, POPs, NORPLANT® Implants, COCs, CICs, barrier methods, VSC, traditional methods, IUD, EC) when:
- counseling for informed choice (see Tool 3-a: Counseling for informed choice)
 - counseling to make a decision (see Tool 1-b: Counseling the client to make an FP/RH decision)
 - instructing clients on method use (see Tool 3-g: Instructing clients on use of COCs; Tool 3-h: Instructing clients on use of POPs; Tool 3-j: Instructing clients on the use of a Copper T 380A IUD; Tool 3-k: Instructing clients on the use of progestin-only injectables)
 - counseling women postpartum (see Tool 4-h: Conducting a 4 to 6 weeks postpartum visit – mother)
 - counseling women postabortion (see Tool 5-e: Providing postabortion FP counseling)

MAJOR TASK 3.5

Refer clients for FP methods and FP/RH services not provided by the service site, according to the clients' preferences.

KNOWLEDGE

3.5 Referral guidelines

- 3.5.1 *Referral depends on FP/RH provider skills/training and methods and services provided and not provided at a given site*
- 3.5.2 *Referral guidelines*
- ensure client understands the reason for referral

- if reason for referral is due to a health problem, clearly describe the referred problem to the client
- if reason for referral is for an FP method not provided by her/his site, describe the method using the relevant 13 points (see Module 3, section 3.4) and ensure client's understanding of the method description
- emphasize the importance of having the problem treated at a referral center
- explain where referral center is and when services are available
- provide a referral note/slip for the referral site
- protect client from pregnancy while waiting for referral, e.g., provide condoms
- educate client on drug interaction (if relevant)

SKILLS

3.5 Referring a client needing a method or services not available in the service site (see guidelines in section 3.5.2 above)

MAJOR TASK 3.6

Take and record relevant aspects of the clients' socio-medical histories using the local agency FP/RH card. Supplement the card, as appropriate.

KNOWLEDGE

3.6 Socio-medical history of the FP client

3.6.1 *Purposes for taking relevant portions of socio-medical history*

- to discover any problems needing treatment or referral
- to record the client's reproductive history (for use by future service providers in advising the client)
- to determine any conditions for restricting the use of certain contraceptive methods
- to discover any side effects or complications from or coincidental to using a contraceptive method
- to determine need for physical assessment (currently not a requirement for initiating hormonal FP methods)
- to provide counseling and education as relevant to life stage, reproductive goal and life circumstances

3.6.2 *Important points for history-taking session*

- establish rapport, privacy
- use counseling skills and feedback rules throughout (see Module 1)

- take thorough history: ask about major symptoms for diseases listed on the client card
- ask culturally-appropriate questions about sexual history to determine client's level of knowledge, sexual satisfaction, and/or STI/RTI risk or current symptoms, if any
- ask culturally-appropriate questions about domestic violence/coercion and client's comfort level about negotiating sex/family planning use, harmful traditional practices (including, where appropriate, female circumcision)
- record legibly in all spaces on the card; record short descriptions or comments to help monitor progress at next follow-up visit

3.6.3 *Components of a reproductive health history* (selective use of components for method eligibility), dependent on life stage, life circumstances and FP method chosen (**Note:** Use local/national RH/FP protocols or procedure manual to determine relevant components of history, as related to client choice or request.)

SKILLS

3.6 Conducting and recording relevant aspects of the client's socio-medical history (see Tool 3-b: Conducting an RH history and guidelines in section 3.6.2 above)

MAJOR TASK 3.7

Perform relevant components of physical assessments for FP/RH clients, depending on the selected FP method or health problem.

KNOWLEDGE

3.7 Physical assessment of the FP client

3.7.1 *Purposes for physical assessment*

- to obtain relevant baseline data on client's health (concept of promoting reproductive health)
- to detect any conditions for restricting the use of certain contraceptives (i.e., conditions that affect medical eligibility for various methods); to confirm history findings, if applicable
- to diagnose side effects of contraceptive methods and to diagnose other reproductive health problems (STI/RTI, gynecological, female circumcision)
- to assess status of reproductive health organs and general health status of postpartum and postabortion client
- to obtain laboratory specimens as necessary (to determine which laboratory procedures are essential for FP versus good for preventive health care, see Technical Guidance Working Group: *Recommendations for Updating Selected Practices in Contraceptive Use, Volumes I and II*)

- 3.7.2 *Actions to take when physical assessment is not possible, e.g., no electricity or supplies*
- take history and use symptoms to rule out conditions for restricting the use of certain contraceptive methods (see local FP card and the local/national FP procedure manual), OR
 - if aspects of physical assessment are required (e.g., for IUDs):
 - perform whatever assessment is possible (using appropriate history screening and explanation for these methods)
 - help client make an informed choice of an alternative temporary method (e.g., COCs, POPs, injectables or condoms) for a specific length of time, based on her history
 - ask client to report any unusual complaints and return for examination completion
 - indicate action taken on the FP client card
- 3.7.3 *One approach to physical assessment (where facilities/supplies are available)*
- history-taking, including observation of client's general health
 - investigations, as indicated, including blood pressure (BP), weight and, when appropriate, blood for hemoglobin, urinalysis, and other laboratory investigations as indicated by the history taken (and if available and affordable) (see Technical Guidance Working Group: *Recommendations for Updating Selected Practices in Contraceptive Use, Volumes I and II*)
 - head to toe assessment/observation of general health status
 - pelvic examination (speculum and bimanual)
- 3.7.4 *Components of comprehensive (optional) physical exam for reproductive health (Note: Use national and scientific guidelines for FP service access and the concept of maximizing access and quality (MAQ) to modify the components of physical assessment.)*
- general health: observe as client enters the room and during the session; observe verbal and non-verbal cues
 - skin: jaundice or anemia, discoloration, signs of trauma
 - head: hair loss; eyes for jaundice or anemia; face for hirsutism (presence of mustache or beard)
 - neck: engorged veins, enlarged lymph glands
 - chest: rate or abnormality of respiration
 - breasts
 - observe for equal size, scars, masses, veining, dimpling or retraction, discharge, breastmilk
 - palpate for tenderness, masses
 - teach client self-breast examination as part of well-woman/reproductive health (even if a complete physical assessment is not indicated)

- axilla: enlarged lymph nodes
- abdomen: inspect surgery scars, obvious masses/distention and palpate for:
 - liver enlargement or tenderness
 - masses, distention, pregnancy
 - if postpartum, note uterine involution, gaping of muscle over linea alba or healing of cesarean section scar, if appropriate
- inguinale region
 - enlarged, tender or rubbery lymph nodes
- legs
 - tender, swollen, red, warm varicose veins indicating superficial phlebitis (i.e., inflammation of vein)
 - edema; pitting when pressing over tibial bone or ankles
 - tenderness deep in one thigh or calf accompanied by severe pain (suggesting deep venous thrombosis)
- pelvic examination
 - indications/purposes
 - » at initial visit: to exclude health problems before IUD insertion; done even if the client has menses (**Note:** Menses will obscure any findings of mucopus at cervical canal. Therefore, a careful history to rule out STI risk, with a careful bimanual exam for evidence of pelvic inflammatory disease (PID), is very important.)
 - » at any visit: to exclude or confirm presence of STIs, RTIs, abnormalities of the reproductive tract and, when appropriate, evidence of rape, recent circumcision or other trauma
 - » at routine follow-up visits for clients with an IUD or diaphragm
 - » for postpartum assessment at 4 to 8 weeks after childbirth
 - » for postabortion assessment
 - vulva inspection
 - » hair distribution, discharges, ulcers or other sores, scars, condylomata (wart-like growths), pubic lice, signs of circumcision
 - vaginal walls inspection
 - » discharges, abrasions, atrophy, condylomata or other lesions, muscle tone (important for diaphragm fitting); teach Kegel exercise if appropriate
 - speculum examination
 - » endocervix (cervical canal): polyps, endocervical discharge
 - » cervix: color, scars, condylomata, ulcers, normal ectropion versus erosion (due to severe infection or trauma)
 - bimanual examination

- » cervix: regularity, consistency, whether open or closed, pulsations in the fornices, tenderness on cervical motion (suggestive of pelvic infection)
- » uterine size, shape, consistency, position, fibroids, pregnancy, tenderness
- » adnexae: masses, tenderness or pain
- » rectocele/cystocele
- » Bartholin's glands: enlargement
- » urethra: discharge
- » Skene's ducts: discharge

3.7.5 *Infection prevention during physical exam and pelvic exam*

- always wash hands before and after each exam using soap; dry hands on clean individual towel
- use clean, high-level disinfected gloves and speculum for protection of client and service provider
- decontaminate all used materials before proceeding with cleaning (see Tietjen: *Infection Prevention for Family Planning Service Providers*)

3.7.6 *Maximizing access to, and quality of, FP/RH services by removing scientifically unjustifiable medical barriers*

- definition: medical barriers (one of many types of barriers to FP/RH access) are scientifically unjustifiable practices or policies based, at least in part, on a medical rationale
- examples in FP/RH service delivery: inappropriate requirements for physical assessment, very limited number of certain contraceptive supplies dispensed, age and parity restrictions on certain contraceptives, limited choice of contraceptive methods offered to postpartum or postabortion clients, and/or other examples given by trainer
- the initiation of FP methods, continuity of FP acceptance (quality of care element) and accessing FP methods (see WHO: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods* or updated national FP/RH service policy guidelines which promote MAQ)

SKILLS

3.7 Performing relevant parts of a physical assessment (see Tool 3-d: Performing a physical assessment):

- using appropriate infection prevention steps (see Tool 3-c: Maintaining aseptic technique during and after sterile procedures)
- performing the pelvic exam, when appropriate (see Tool 3-e: Performing a pelvic examination)

MAJOR TASK 3.8

Determine, with individual clients, the most appropriate FP method based on clients' informed choice, findings from history-taking and physical assessments, and consideration of the risks and benefits of the method and the clients' situation.

KNOWLEDGE

3.8 Considerations when determining with the client the most appropriate FP method for her

3.8.1 *Considerations during the decision-making process*

- FP method initially requested by client
- client's purpose/goal for selecting a certain FP method
- life stage: adolescence, pre-conceptional (young couple desiring to continue education or delay first child for financial reasons), postpartum, postabortion, perimenopausal, etc.
- negotiation with and support by partner
- findings from history and physical assessment
- eligibility of client for method selected (see WHO: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods*)
- risks of pregnancy versus risks and benefits of the FP method selected
- need for immediate referral for further medical care (provide advice on use of an interim barrier method)

SKILLS

- 3.8 Determining the most appropriate FP method** (see Tool 3-f: Determining and administering the appropriate FP method)

MAJOR TASK 3.9

Correctly prescribe, dispense, administer or insert the method selected, following appropriate infection prevention procedures.

KNOWLEDGE

3.9 Standard rules for FP method administration and/or insertion

3.9.1 *Follow standard rules and practices for drug administration or IUD insertion, including all infection prevention steps, for example:*

- check expiration dates (of FP methods or sterilization of IUD package) and store so that the FP method is preserved

- apply relevant rules and practices recommended locally
- for injectables:
 - shake solutions for injections well before use
 - clean cover of vials with antiseptic before drawing injectable FP methods
 - use only sterilized needles and syringes
 - dispose of contaminated needles and syringes appropriately (sharps container)
- for IUDs:
 - prepare the cervix
 - use “no touch” technique

3.9.2 *Prescribe, dispense, administer or insert the selected method* according to the local/national FP protocols or procedure manual

SKILLS

3.9 Following standard rules for drug administration and infection prevention when:

- administering the appropriate FP method (see Tool 3-f: Determining and administering the appropriate FP method)
- inserting an IUD (see Tool 3-i: Inserting a Copper T 380A IUD)

MAJOR TASK 3.10

Instruct clients on the use of the selected FP method and further discuss the method’s most common side effects.

KNOWLEDGE

3.10 Client instructions

3.10.1 *Areas to discuss when giving user instructions*

- when to start and when to use a back-up method
- expiration and resupply dates
- common side effects and potential changes in menstrual flow, if any
- symptoms that mean the client must return immediately to the clinic for care
- changing to another FP method (include instructions of other specific methods per local/national FP protocols or procedure manual)
- user’s understanding of information provided

- 3.10.2 *Ensure that client understands her role/responsibilities in using the method administered before leaving the clinic (e.g., ask her to repeat the instructions or other relevant information such as STI and HIV/AIDS protection)*

SKILLS

3.10 Instructing clients on use of the following methods:

- fertility awareness
- LAM (see Pathfinder: *Module 8. LAM and Breastfeeding Support*)
- progestin-only injectables (see Tool 3-k: Instructing clients on the use of progestin-only injectables)
- progestin-only pills (see Tool 3-h: Instructing clients on the use of POPs)
- NORPLANT® Implants
- combined oral contraceptives (see Tool 3-g: Instructing clients on the use of COCs)
- combined injectable contraceptives
- barrier methods (see Pathfinder: *Module 9. Condoms and Spermicides*)
- voluntary surgical contraception (see Pathfinder: *Module 10. VSC*)
- traditional methods (methods will vary)
- IUD (see Tool 3-j: Instructing clients on the use of a Copper T 380A IUD)
- emergency contraception (see Hatcher et al: *Emergency Contraception*; Pathfinder: *Module 5. Emergency Contraception Pills*)

MAJOR TASK 3.11

Conduct routine follow-up for FP clients in a way that enhances continuing satisfaction and acceptance.

KNOWLEDGE

3.11 Routine follow-up visits with FP clients

3.11.1 *FP methods that require routine follow-up visits*

- POPs and COCs
- IUD
- injectables
- CMM
- diaphragm

3.11.2 *Purposes for routine follow-up visits*

- promote continuing FP acceptance

- ensure MAQ
- encourage new clients to use the methods

3.11.3 *Process of conducting planned/routine follow-up visits*

- confirm the type of follow-up (e.g., first follow-up after beginning the method; other follow-up, such as Copper T 380A removal or OC resupply, to encourage continuing FP acceptance, post-EC use to choose or initiate FP method)
- take or update the history, as necessary
- perform physical examination (depending on method used, type of follow-up, local/national FP service policy guidelines, standards and procedure manual)
- answer client's questions appropriately and to her/their satisfaction
- provide additional client care, as needed
- schedule client's next visit and use a visual aid (e.g., pill packet), if appropriate, to help client remember the return date

SKILLS

- 3.11 Conducting routine follow-up visits for COCs, POPs, injectable methods, the diaphragm and the IUD** (see Tool 3-1: Planned/routine follow-up visits for users of COCs, POPs, injectables methods, the diaphragm and the IUD)

MAJOR TASK 3.12

Help clients manage common side effects of contraceptive methods.

KNOWLEDGE

3.12 Common contraceptive-related side effects

3.12.1 *Operational definition of "side effects" in FP* (see Glossary in User's Guide)

3.12.2 *Management of common side effects* related to the following methods (see INTRAH: *Guidelines for Clinical Procedures in Family Planning* and Hatcher et al: *Essentials of Contraceptive Technology*):

- hormonal methods: COCs, CICs, POPs, Depo Provera®, NORPLANT® Implants
- IUDs
- EC

3.12.3 *Review of common side effects of hormonal methods, guidelines about switching to another FP method*

3.12.4 *The SOAP concept* (one possible strategy for managing side effects)

- purpose of using SOAP
 - helps client feel the provider has listened to her problem and logically solved it
 - helps provider offer care or treatment based on a systematic analysis of needs/problems; reduces mismanagement of problems
- definition

S =Subjective information (client's history)

O =Objective information (provider observations/findings from investigations and physical assessment)

A =Assessment (after reviewing subjective and objective findings, interpreting the data to reach a conclusion about what the needs/problems are)

P =Planning (determining appropriate action, e.g., selecting an appropriate FP method or planning a follow-up visit)

3.12.5 *Considerations that may be applicable during management of side effects*

- is the client non-verbally communicating a concern about the FP method or side effect?
- is the client coping well with the side effect, or is it unacceptable to her?
- how medically serious is the side effect?
- what alternative FP methods are desired by the client?
- is switching methods appropriate?
- if no effective alternative methods are acceptable to the client, and if the side effects are acceptable to the client, consider the benefits of continuing the method versus risk of pregnancy (**if provider is trained or qualified to make this decision**) and counsel client accordingly

3.12.6 *Process of managing common side effects for clients*

- counsel to explore client's feelings and to help make appropriate decisions about continuing the method
- use the SOAP model
- manage the side effect

SKILLS

- 3.12 Identifying and helping clients manage common side effects of COCs, POPs, Depo Provera®, and IUDs** (see INTRAH: *Guidelines for Clinical Procedures in Family Planning*; Hatcher et al: *Essentials of Contraceptive Technology*)

MAJOR TASK 3.13

Manage contraceptive-related complications, and refer clients as necessary.

KNOWLEDGE

3.13 Serious contraceptive-related complications

- 3.13.1 *Definition of "complications" in FP*; differentiation between side effects and complications (see Glossary in User's Guide)
- 3.13.2 *Management and referral of complications* related to the following methods:
 - hormonal methods (COCs, CICs, POPs, Depo Provera®, NORPLANT® Implants)
 - IUDs (Copper T 380A, Ortho TCu 380, Multiload 375, Nova T200)
- 3.13.3 *Process of managing clients with contraceptive-related complications*
 - consider whether the symptom could be due to a medical problem that is not related to the FP method
 - use process described earlier (see section 3.11 above)
- 3.13.4 Considerations (see section 3.12.5 above)

SKILLS

- 3.13 **Managing or referring contraceptive-related complications of COCs, CICs, POPs, Depo Provera®, NORPLANT® Implants and IUDs** (see Hatcher et al: *Contraceptive Technology*; Hatcher et al: *Emergency Contraception*)

KNOWLEDGE ASSESSMENT QUESTIONS

This component contains 23 sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to provide FP services.

There are two types of questions: those which ask the trainee to recall information (for example, questions 1 to 5) and those that require the trainee to solve a problem which they will likely encounter on the job (for example, questions 19 to 23). These 23 questions do not cover all of the knowledge in Module 3. The trainer can develop additional recall and problem-solving questions to further assess the trainees.

Note that the question numbers do not correspond to the numbered sections of the knowledge outline.

Answers to the Knowledge Assessment Questions follow the last question.

1. Circle T if the statement is TRUE and F if it is FALSE.
 - a. A complete physical assessment is important before initiating hormonal FP methods. T/F
 - b. History-taking using disease symptoms is important for initiating hormonal FP methods. T/F
 - c. A pelvic examination has to be performed before inserting an IUD even if one was done at a previous visit. T/F
 - d. A complete physical examination is useful/important for checking a client's health status. It can be done while a client is using any FP method. T/F
 - e. It is important for women who are practicing lactational amenorrhea to begin menses before using another FP method. T/F
 - f. To be most effective, the first dose of emergency contraceptive COC pills should be taken within 72 hours of unprotected intercourse. T/F

2. The subject of this question is the application of anatomy and physiology of the male and female reproductive systems to FP methods.

Match the statements found in column A with the appropriate FP method(s) found in column B by writing the correct letter(s) in the blank to the left of column A.

Note: You may use letters more than once, and you may put more than one letter in any blank, if appropriate.

	COLUMN A	COLUMN B
_____	1. The penis is erect just before intercourse and immediately after ejaculation.	A. Diaphragm
_____	2. One of the factors that makes a man have sexual desire is the production of testosterone mainly by the testes.	B. Foaming Tablets
_____	3. One main factor necessary for a woman to become pregnant is ovulation. Some FP methods prevent ovulation.	C. Tubal Ligation
_____	4. The axis of the vaginal canal and the uterine cavity are at a right angle.	D. Withdrawal
_____	5. The direction of the vagina when a client is lying down is downwards and backwards. When standing, it is upwards and backwards towards the sacrum.	E. IUD
_____	6. The posterior fornix (in females) is deeper than the anterior fornix. The suprapubic bone can be felt anteriorly during a pelvic exam.	F. Condoms
_____	7. Menstruation occurs mainly due to the withdrawal of estrogen and progesterone from the blood stream in a woman who has her uterus.	G. Vasectomy
_____	8. The bulbo-urethral or Cowper's gland secretes some seminal fluid during sexual excitement.	H. Hormonal FP Methods
_____	9. Ovulation occurs 12 to 16 days before menstruation	

3. Check (✓) the correct response(s).

The best time to insert an IUD is:

- a. just before the expected menstrual cycle ()
- b. immediately after menstruation ()
- c. during the time ovulation is expected to occur ()
- d. on days 1 to 7 of the menstrual cycle ()
- e. on any day of the menstrual cycle as long as the client is not pregnant ()
- f. from 48 hours up to 4 weeks after delivery ()
- g. immediately after a first trimester spontaneous or induced abortion where no infection is present ()
- h. anytime you can be sure the client is not pregnant, including while the client is fully breastfeeding and amenorrheic, from the second to the sixth month postpartum. ()

4. State two purposes/reasons why sounding the uterus before IUD insertion is important.

- a. _____
- b. _____

5. Check (✓) the correct response(s).

Mrs. T. is on her second pack of Lo-Feminal (a COC brand). She is complaining of spotting and feeling nauseated on and off. History-taking and physical examination detect no abnormalities. What advice would you give her?

- a. Stop the pack and change to Microgynon. ()
- b. Reassure her and advise her to continue Lo-Feminal because spotting and nausea may occur during the first few months of starting any new OC. ()
- c. Stop the pills and refer her to a physician immediately. ()
- d. Reassure her and advise her to take two pills a day for the next 2 days. ()
- e. Schedule a return visit for when she has completed the third pack. Encourage her to return to the clinic if she has more concerns about nausea or spotting. ()

Module 3: Providing Family Planning Services

6. The questions below relate the anatomy and physiology of the human reproductive system to the provision of FP services to clients.

- a. Describe the cervical mucus during the first half of the menstrual cycle (up to the point **just before** ovulation).

- b. When, in relation to ovulation, is the mucus most stretchy and most like the white part of a raw egg?

- c. Which ovarian hormone is dominant:

- i. during the first half of the menstrual cycle?

- ii. during the second half of the menstrual cycle?

- d. What changes in hormones occur in the bloodstream when menstruation occurs?

- e. How does your response to question d. apply to the use of combined oral contraceptives (COCs)?

- f. A woman who began Depo Provera® about 6 months ago reports to your clinic complaining of heavy vaginal bleeding that concerns her and her partner. She has had this problem for the last two menses. What are at least 2 conditions you will try to rule out during the physical assessment?

i. _____

ii. _____

- g. Why do some women who breastfeed and have lactational amenorrhea during the postpartum period sometimes become pregnant "without knowing" they were fertile again?
-
-

7. Check (✓) the correct response(s).

Mrs. J. is on the fourth week of her first injection of Depo Provera®. She complains of having prolonged bleeding for 10 days. Upon physical examination, including a pelvic examination, no abnormalities are detected. Which of these would you do to help Mrs. J.?

- a. reassure her by stating that this is a common problem with Depo Provera®. It should stop as she continues to use Depo-Provera®, especially after the third or fourth injection (9 to 12 months of use) ()
- b. give the second injection of Depo Provera® and explain that the bleeding should decrease ()
- c. refer her immediately ()
- d. if the client is not satisfied by reassurance, offer her 1 pack of COCs or 200 to 400 mg ibuprofen orally 3 to 4 times/day ()
- e. if COCs are given, give her a return date, during the fourth week of the 28-day pill cycle, for reassessment ()
- f. give her a return date, 3 months from this visit, to ensure that the bleeding has improved. ()

8. In the blank next to the side effect, write **C** if the side effect is most **common** in COC users, **P** if most **common** among POP users and **D** if most **common** among Depo Provera® users.

Note: MORE THAN ONE LETTER CAN BE PLACED BESIDE A SIDE EFFECT, IF NECESSARY.

- a. nausea _____
- b. spotting _____
- d. amenorrhea _____
- e. weight gain _____
- f. weight loss _____
- g. irregular menses _____
- h. heavier vaginal bleeding _____
- i. watery vaginal discharge. _____

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9. List any three common side effects from use of non-hormonal IUDs.

- a. _____
- b. _____
- c. _____

10. Check (✓) the non-contraceptive benefits of COC use from among the following:

- a. general feeling of good health, especially during the first year ()
- b. reduced menstrual flow and reduced menstrual cramping ()
- c. irregular menstrual flow experienced by client ()
- d. regular menstrual flow experienced by client ()
- e. reduced incidence of endometrial and ovarian cancer ()
- f. protection provided against most STIs. ()

11. List 3 non-contraceptive benefits of Depo Provera®.

- a. _____
- b. _____
- c. _____

12. Check (✓) the symptoms or problems for which an IUD user must return immediately to the FP clinic.

- a. severe diarrhea and vomiting ()
- b. missing IUD strings ()
- c. IUD strings seem longer than they did just after insertion ()
- d. severe lower abdominal pain ()
- e. feeling feverish accompanied by lower abdominal pain ()
- f. feeling something hard at the cervix ()
- g. delayed menstrual period or pregnancy ()
- h. frequent headaches. ()

13. In each example below, circle the capital letter(s) to indicate the FP method(s) for which the woman described is eligible and which is well-suited for her (you may circle more than one letter, if appropriate):

L for LAM

C for COC

P for POP

D for Depo Provera®

I for IUD

C I for CIC

M for male condom

- | | |
|---|------------------------|
| a. Mrs. T. has not had a period since delivery 8 weeks ago. She is fully breastfeeding. | (L, C, P, D, I, CI, M) |
| b. Mrs. L. was treated for abnormal vaginal discharge one month ago and also at one other time during the last six months. | (L, C, P, D, I, CI, M) |
| c. Mrs. K. has one child. She had a miscarriage two weeks ago. Her husband wants her to be pregnant, but she wants to wait. | (L, C, P, D, I, CI, M) |
| d. Mrs. D. has sickle cell anemia. | (L, C, P, D, I, CI, M) |
| e. Mrs. S. has a history of frequent, severe headaches. She is unwilling to ask her husband to wear condoms (for fear he will accuse her of infidelity). | (L, C, P, D, I, CI, M) |
| f. Miss T. is a sexually-active 16-year-old who wants to begin FP. She has not been pregnant. | (L, C, P, D, I, CI, M) |
| g. Mrs. M., a 40-year-old mother of 5, wants to start FP. | (L, C, P, D, I, CI, M) |
| h. Mrs. X's husband strongly disapproves of family planning. She bled heavily with her last (5th) delivery 9 months ago and has heavy periods. | (L, C, P, D, I, CI, M) |
| i. Mrs. N., who has a history of high blood pressure, was circumcised (infibulated) as a young girl, and was re-infibulated after tearing during her last delivery. Her husband wants more children, but she fears the pain of another childbirth and wants to space her pregnancies. | (L, C, P, D, I, CI, M) |

14. State two non-contraceptive benefits of condom use.

- a. _____
- b. _____

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15. State two situations when a diaphragm user must return to the clinic.

- a. _____
- b. _____

16. State two benefits of using spermicides.

- a. _____
- b. _____

17. Check (✓) the correct response(s).

Under which of the following situations would informed choice counseling regarding alternative FP methods be **urgently** needed?

- a. when a continuing client has used a particular method for one year ()
- b. when a fully breastfeeding mother with lactational amenorrhea and a baby aged one month comes to the under-five children's clinic (this mother is a continuing acceptor of maternal health (MH) services) ()
- c. when helping new clients to choose FP methods ()
- d. for a para 6, gravida 10 client who is using combined oral pills ()
- e. for a para 6, gravida 6 client using the Depo Provera® injection ()
- f. for a para 1, gravida 4 client in the ante-natal clinic ()
- g. for a para 0, gravida 0 new bride who requests an IUD and whose husband is a truck driver. ()

18. List six steps involved in counseling a client regarding selection of an FP method.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

19. Mrs. T. has been using the IUD for the last 12 months. For the first 10 months, she had no troublesome menstrual bleeding and, thus, really liked the IUD. However, during the last two months, she has felt feverish intermittently and experienced heavy, prolonged and somewhat smelly menses. After taking further history and examining her, you find that she has tender adnexae and foul-smelling, pus-like vaginal discharge. After sharing your findings with her, you arrange for treatment of her pelvic infection, recommend she allow you to remove the IUD today and help her make an informed choice of another FP method.
- a. The client tells you she can't remember to take pills. She denies having other sexual partners. Which three FP methods will you review with this client?
- i. _____
- ii. _____
- iii. _____
- b. What three health education messages are required for a client who has had the above symptoms?
- i. _____
- ii. _____
- iii. _____
20. Mrs. M., a client who has been using COCs for the last 6 months, has now been told she has high blood pressure. A blood pressure of above 150/100 has been observed on three occasions. She came today for a resupply of COC pills. After your re-examination and counseling session, she informs you that she would prefer to continue using pills. Her partner has several partners and she hates Depo Provera®.
- a. Which two effective methods would you explain and encourage her to select?
- i. _____
- ii. _____
- b. Which FP/MH concept are you following when you help Mrs. M. choose an effective method?
- _____
- _____

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- c. As an FP/RH provider in an urban clinic, to whom should you communicate your decision to provide an effective FP method to Mrs. M. and refer her for management of the high blood pressure?

21. Mrs. H., a 24-year-old mother of two, is using NORPLANT® Implants, which she received from the University Hospital five weeks ago. Her incision site healed well, but she complains of continuous light bleeding and spotting since insertion. She denies new lower abdominal pain (she has chronic abdominal pain and diarrhea). She denies STI risk or abnormal vaginal discharge. She says the University Hospital is too far for her to seek care and asks your help with the persistent, light bleeding. Laboratory tests are not easily available.

- a. What other history do you want?

- b. What components of a physical exam do you want to do?

- c. Assuming the results of her physical exam are negative, what advice might you give her?

- d. Some clinicians administer a pack of COCs in this circumstance. How would you expect a pack of COCs to affect the bleeding?

22. Miss L., who is 15 years old, calls your clinic after having unprotected intercourse with her boyfriend. Tearfully, she tells you she is terrified that she might become pregnant and that a friend said there was a pill she could take to prevent this from happening. She asks if you can help her. You tell her that there is treatment available using COCs. However, you will first need to ask her some questions in order to determine whether this treatment might be safe and potentially effective for her.

a. Check (✓) the main points that should be covered in Miss L's sexual and health history that will help you to decide whether she is an appropriate candidate for EC pills.

- i. date of last normal menstrual period ()
- ii. description of normal cycles (shortest, longest, most unusual) ()
- iii. calculation of probable day of ovulation ()
- iv. days of this menstrual cycle on which all episodes of unprotected intercourse occurred ()
- v. number of hours since first episode (this cycle) of unprotected intercourse ()
- iv. current method of contraception. ()

b. You determine that ECPs are a safe option for Miss L. and proceed to give her instructions for taking the tablets. In addition, you warn her about possible common side effects. State the two most common side effects, and the advice you would give concerning these.

- i. _____
- ii. _____

c. What are two very important health education messages that you should give Miss L. following ECP treatment?

- i. _____
- ii. _____

23. Mrs. P., 25 years old, comes to your clinic for a routine annual health check-up. Her health history is normal. Her physical examination initially appears to be so. As you assist Mrs. P. into position to perform the pelvic examination, however, you notice bruising on the inner aspect of one thigh. She becomes extremely tense as you insert the speculum. You stop, assist Mrs. P. to sit up, and begin to talk with her, exploring gently these findings. You learn that Mrs. P. recently married a man who insists on having intercourse often and is very rough. She explains that he behaves in this way because he loves her and wants to have a child. Mrs. P. suddenly breaks down sobbing, telling you she feels she has no control of her life. A mother of three from a previous marriage, she wants no more children but is afraid to use anything because he might find out. You calmly tell Mrs. P. that you will try to help.

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a. What are three major concerns that you have for Mrs. P.?

b. What actions might be taken?

c. What methods of contraception would be most suitable in Mrs. P.'s circumstances?

Answer Sheet to KNOWLEDGE ASSESSMENT QUESTIONS

Question No. 1 (6 points)

- a. F
- b. T
- c. T
- d. T
- e. F
- f. T

Question No. 2 (15 points)

- 1. F
- 2. G
- 3. H
- 4. E
- 5. A, B & E
- 6. A, B
- 7. C, H
- 8. D, G
- 9. H, D

Question No. 3 (3 points)

- e.
- g.
- h.

Question No. 4 (2 points)

Any two of the following responses are correct, but the answer must include a.:

- a. to measure the depth of the uterine cavity
- b. to find out the direction of the uterine cavity
- c. to confirm the position of the uterus.

Question No. 5 (2 points)

- b.
- e.

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Question No. 6 (9 points)

- a. thick, sticky, becoming clear and stretchy close to time of ovulation 1 point
 - b. about 24 hours before ovulation 1 point
 - c. i. estrogen
ii. progesterone 2 points
 - d. hormone levels drop 1 point
 - e. menses (withdrawal vaginal bleeding) occurs after completion of the pills that contain hormones 1 point
 - f. i. incomplete abortion
ii. pelvic infection 2 points
 - g. because the woman became pregnant during her first postpartum ovulation, which occurred two weeks before the first menses would have been noted. 1 point
- (9 points)

Question No. 7 (3 points)

- a.
- d.
- e.

Question No. 8 (17 points)

- a. C
- b. P, D, C
- c. C
- d. P, D
- e. C, D
- f. C, D
- g. C, P, D
- h. P, D
- i. C

Question No. 9 (3 points)

Any three of the following are correct:

- lower abdominal cramps
- heavier menstruation
- spotting
- non-smelling, watery vaginal discharge.

Question No. 10 (4 points)

- b.
- d.
- e.
- f.

Question No. 11 (3 points)

Any three of the following are correct:

- reduced iron deficiency anemia
- reduced risk of acute pelvic infection
- infrequent clinic visits
- reliability
- reduced risk of endometrial and ovarian cancers
- good for clients with sickle cell anemia
- good protection against ectopic pregnancy

Question No. 12 (6 points)

- b.
- c.
- d.
- e.
- f.
- g.

Question No. 13 (24 points)

- a. L, P, D, I [If she does not want to rely on LAM.]
- b. C, D, P
- c. C, D, P, CI
- d. P, D
- e. I, P [The POP often works **well** for headaches.]
- f. C, D, CI
- g. D, I
- h. D, CI [There are fewer menstrual irregularities with CIC use.]
- i. P, D

Question No. 14 (2 points)

Any two of the following are correct, as are others that the trainer judges correct:

- prevents transmission of STIs to and from partner
- used only at the time of sexual intercourse
- can be used as second FP method for clients at risk of STI/RTI and HIV/AIDS
- indirectly contributes to reducing incidence of infertility and cervical cancer.

Question No. 15 (2 points)

Any two of the following are correct:

- to have provider confirm that client is able to insert it correctly (one week after fitting)
- if she has gained or lost weight, e.g., more than 5 kg, within three months
- to change/confirm size of diaphragm after delivery
- client wants to use a different FP method
- client notes increased and unacceptable frequency of urinary tract infections since beginning diaphragm use
- client complains of burning with spermicide use.

Question No. 16 (2 points)

Any two of the following are correct:

- used only at the time of sexual intercourse
- offers some protection in preventing STI transmission between partners
- can be used as second FP method for clients at risk of STI/RTI and HIV/AIDS, if a condom is not acceptable
- useful as a back-up FP method in case of two or more missed OC pills
- available without clinic visit.

Question No. 17 (4 points)

- c.
- d.
- f.
- g.

Question No. 18 (6 points)

The answer could be either:

The First Approach:

- prepare counseling setting and materials
- establish and maintain rapport throughout the session
- determine client's FP needs and understanding of FP methods
- explain FP method(s) possibly suitable for the client
- confirm the method initially selected by the client, or suggest alternatives, taking into consideration her/his reason for FP and honoring the client's first choice
- close counseling session and explain next steps according to method selected.

The Second Approach – GATHER:

- **G**reet clients in a friendly and helpful way
- **A**sk clients about their FP needs
- **T**ell clients about available FP methods
- **H**elp clients decide which method(s) they want to use
- **E**xplain how to use the method chosen
- **R**eturn visits should be planned and client should be informed about them.

Acceptable variations for these answers include answers with an emphasis on interpersonal, counseling and communication skills.

Question No. 19 (6 points)

- a. Any three of the following methods would be appropriate (answer must include at least male condoms):

- | | |
|----------------------|------------------|
| • NORPLANT® Implants | • female condoms |
| • injectables | • spermicides |
| • tubal ligation | • vasectomy |
| • male condoms | |

- b. Any three of the following are correct, but answer must include items ii and iv:

- i. how the symptoms may spread to her partner
- ii. that she must complete the course of medication even if she feels better early
- iii. that she must return to the clinic for her appointment
- iv. the importance of asking her partner to visit the clinic for treatment (there would be no need to discuss his relation to her when he reports for treatment).

Question No. 20 (5 points)

- a. Any two of the following are correct:
- NORPLANT® Implants
 - POPs
 - tubal ligation
 - female condoms
 - vasectomy
 - male condoms
- b. Either of two answers are acceptable:
- Contraceptive method risk versus risk of pregnancy
 - Informed choice
- c. Any one of the following is correct:
- clinical officer with FP training and readiness to listen to FP provider's course of action who will also manage the high blood pressure
 - clinic supervisor, to help decide on the management of the high blood pressure
 - medical officer with FP training and readiness to listen to FP provider's course of action who will also manage the high blood pressure.

Question No. 21 (4 points)

- a. Any one of the following three is correct:
- Is she on any medications? (Rifampin, griseofulvin and anti-seizure medications all render NORPLANT® Implants ineffective.)
 - At the time the NORPLANT® Implants were inserted, was she at risk for pregnancy or could she have had an early, undetected pregnancy?
 - Does she have any conditions that would make her ineligible to use a pack of COCs for a month (conditions for restricting the use of estrogen)?
- b. Any one of the following is correct:
- pelvic exam: speculum and bimanual
 - abdominal exam
 - look at conjunctivae and nail beds for anemia
- c. Best answer: Give her reassurance by telling her that this is normal for NORPLANT® Implants and will likely improve with time.
Also correct: Offer her a pack of COCs to stop the bleeding.
- d. Usually, the estrogen in COCs will temporarily stabilize the endometrium, which will stop the bleeding. At the end of the pack of COCs, the client should expect a menstrual bleed, which will hopefully be light and short.

Question No. 22 (7 points)

- a. The correct answer is dependent on local protocol. If ECP use is available only for those women whose only act (this cycle) of unprotected intercourse occurred within the last 72 hours, then only answer v. is correct. If women who have had other acts of unprotected intercourse (UPI) earlier in the cycle can receive ECPs for their UPI in the last 72 hours, then i, iv, and v are correct.
(**Note:** For ECPs, trying to calculate ovulation can lead to errors of undertreatment.)
- b. The two most common side effects are nausea and vomiting. Both subside within a day or two.
- nausea: Where timing of intercourse and visit permit, the second dose should be followed by sleep.
 - vomiting: In the case of vomiting within 2 hours of taking either dose, call the clinic for advice (or give her 4 extra tablets in advance to take should she vomit either dose).
- c. Two of the following messages are important:
- need for STI protection
 - need for short-term (after ECP) and long-term contraception
 - warning signs (for pregnancy), or instructions to return to clinic if no menses within 1 month.

Question No. 23 (5 points)

- a. The following issues are of the greatest concern:
- physical and emotional safety
 - risk for pregnancy
 - STI risk
- b. If available and convenient, you could refer Mrs. P. to a counselor trained in working with victims of sexual abuse. If no counselor or support group is available, explore whether there is anyone in her own network of friends and family to whom she could turn.
- c. any user-controlled or invisible method desired by the client, in the absence of health problems or conditions for restricting the method (e.g., COCs, POPs, CICS, DMPA, etc.); if she desires the IUD, she must be carefully counseled regarding STI exposure and PID risk.

GRAND TOTAL: 140 points
CUT OFF: 98 points (70%)

SKILLS ASSESSMENT TOOLS

The following tools can be used to assess trainees' performance when providing family planning services. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on the job after training. They also may be used by trainees to guide skills acquisition during training or as a job aid after training. The tools cover many, but not all, of the skills required to provide family planning services. Trainers can create additional tools for other skill areas using the suggested resources on the following page as references.

Module 3 Tools:

- Tool 3-a: Counseling for informed choice of FP methods
- Tool 3-b: Conducting a reproductive health history
- Tool 3-c: Maintaining aseptic techniques during and after sterile procedures
- Tool 3-d: Performing a physical assessment for FP/RH clients
- Tool 3-e: Performing a pelvic examination for FP/RH clients
- Tool 3-f: Determining and administering the appropriate FP method
- Tool 3-g: Instructing clients on the use of combined oral contraceptive pills (COCs)
- Tool 3-h: Instructing clients on the use of progestin-only contraceptive pills (POPs)
- Tool 3-i: Inserting a Copper T 380A intrauterine contraceptive device (IUD)
- Tool 3-j: Instructing clients on the use of a Copper T 380A IUD
- Tool 3-k: Instructing clients on the use of progestin-only injectables
- Tool 3-l: Planned/routine follow-up visits for users of COCs, POPs, injectable methods, the diaphragm and the IUD

Useful Tools from other Modules:

- Tool 1-a: Using interpersonal communication skills
- Tool 1-b: Counseling the client to make an FP/RH decision
- Tool 2-a: Providing group education about FP/RH
- Tool 4-h: Conducting a 4 to 6 weeks postpartum visit – mother
- Tool 5-e: Providing postabortion FP counseling

Useful resources for developing other tools (see **References** at the end of this module for the full citations):

For more on client instructions for FP method use:

Pathfinder International: *Comprehensive RH and FP Training Curricula*

For managing common FP side effects:

INTRAH: *Guidelines for Clinical Procedures in Family Planning*

Hatcher et al: *The Essentials of Contraceptive Technology*

For managing contraceptive-related complications:

Hatcher et al: *Contraceptive Technology*, 16th revised ed.

Hatcher et al: *Emergency Contraception*

Skills Assessment Tool 3-a

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Date of Assessment: _____ Dates of FP/RH Training: From _____ To _____ 19____

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares the counseling setting and materials.	8		4		
2. Establishes and maintains rapport with client and uses communication skills throughout the session.	30		20		
3. Determines client's FP needs and understanding of FP methods.	22		18		
4. Explains the FP methods to client.	22		12		
5. Confirms the method initially selected by the client or suggests alternatives.	4		4		
6. Closes the counseling session.	6		2		
TOTAL	92		60		

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares the counseling setting and materials.				
	2	1	0	Comments
1.1 *Arranges an area out of hearing range of others and avoids interruption by other clients or staff.				
1.2 Ensures adequate light and ventilation where necessary.				
1.3 Ensures that both client and counselor are seated facing each other.				
1.4 *Assembles appropriate FP/RH client education materials.				

POSSIBLE SCORE: 8 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2: Establishes and maintains rapport with client and uses communication skills throughout the session.

		2	1	0	Comments
2.1	*Greet client in a culturally-appropriate way to create rapport and enable both client and provider to relax.				
2.2	Introduces self and others (if any) to the client.				
2.3	*Asks what she can do for client or reason for coming to the clinic.				
2.4	Uses non-verbal communication skills to encourage client, as needed:				
	a. *smiling or nodding at client				
	b. *openness and non-judgmental facial expression				
	c. leaning towards client or facing and being near client, as needed				
	d. *eye contact in a culturally-appropriate manner				
	e. *relaxed and friendly manner.				
2.5	Uses verbal communication skills, as needed:				
	a. clarifies, using open-ended questions				
	b. *listens actively				
	c. *encourages or praises				
	d. accurately reflects and focuses the discussion according to the client's concerns				
	e. *repeats/paraphrases client's statements				
	f. responds to client's non-verbal communication				
	g. *summarizes or lets client summarize.				

POSSIBLE SCORE: 30 points

CUT OFF: 20 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 3: Determines client's FP needs and understanding of FP methods.

	2	1	0	Comments
3.1 Asks client information that will help determine possible suitability of the method. a. *age b. *number of children c. * spacing of pregnancies and age of children d. *birth date of last child e. *when s/he plans to have next child or whether s/he wishes to space or not have any more children f. *whether she has used FP method(s) before and if so, which one(s) and the reasons she stopped using the method(s).				
3.2 *Asks client if s/he has a preferred FP method.				
3.3 *If client has a preferred method: a. asks her/him to explain what s/he knows about the method and b. asks if s/he wants to discuss other methods that may be suitable according to the client's reproductive goal or other needs. <i>OR . . .</i>				
3.4 *If client has no preferred method, or if the client's initial choice is obviously unsuitable (e.g., VSC for someone planning future pregnancies): a. lists which methods are suitable based on the client's reproductive goal and other needs and b. asks what s/he has heard about any of the methods. (continued on next page)				

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 3 (continued): Determines client's FP needs and understanding of FP methods.

	2	1	0	Comments
3.5 Commends client for the correct information s/he know about FP methods.				
3.6 *Gives accurate information when client expresses incomplete or incorrect information.				
3.7 Uses visual aids and client education materials when clarifying.				

POSSIBLE SCORE: 22 points CUT OFF: 18 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4: Explains the FP methods to the client.				
	2	1	0	Comments
4.1 Explains the method preferred by the client and/or the ones that match the client's needs, following the guide below and providing additional information to what the client already knows:				
a. what the method is				
b. *how it prevents pregnancy				
c. effectiveness (generally) or compared to other FP methods				
d. *benefits/advantages including non-contraceptive benefits and protection from STIs and HIV/AIDS				
e. *disadvantages and side effects including lack of protection from STIs and HIV/AIDS				
f. *who can use the method				
g. *who should not use the method.				
4.2 *Encourages client to ask questions after explaining the method(s).				
4.3 *Provides correct answers to client's questions.				
4.4 *Asks client to repeat or summarize information given.				
4.5 *Commends client's correct information on FP methods and adds missing information.				

POSSIBLE SCORE: 22 points

CUT OFF: 12 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 5: Confirms the method initially selected by the client or suggests alternatives.				
	2	1	0	Comments
5.1 *Reviews with the client her/his reproductive goal and other needs.				
5.2 *If client has a preferred method,				
a. confirms that the method matches her/his reproductive goals and other needs				
<i>OR . . .</i>				
b. If client's initial preference does not match her/his reproductive goals and other needs, explains why and allows client to select another method, providing additional information needed about the possibly suitable method(s) (see Task 4 on previous page).				
<i>OR . . .</i>				
5.3 *If client has no preference or preferred method is inappropriate, allows client to select a method from the alternatives described in Task 4, providing any additional information needed about the possibly suitable method(s).				

POSSIBLE SCORE: 4 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-a (continued)

COUNSELING FOR INFORMED CHOICE OF FP METHODS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 6: Closes the counseling session.				
	2	1	0	Comments
6.1 *Explains next step, e.g., taking history for FP method use; conducting physical assessment, if indicated; explaining when to return to the clinic; referral if method not offered at provider's site.				
6.2 If client is referred to another site for her/his selected method, provider gives provisional method, e.g., condoms, to prevent pregnancy during the interim.				
6.3 Thanks the client.				

POSSIBLE SCORE: 6 points

CUT OFF: 2 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-b

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Date of Assessment: _____ Dates of FP/RH Training: From _____ To _____ 19____

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the reproductive health history.	12		8		
2. Obtains the reproductive health history.	100		58		
3. Assesses the reproductive health of the client, based on the findings of history.	12		10		
4. Shares assessments with the client.	18		16		
5. Provides care in collaboration with the client, to include counseling, RH risk reduction education, referral or RH care, as indicated.	36		14		
6. Plans follow-up care in collaboration with the client.	10		6		
7. Records findings, assessments, care provided and follow-up plan.	8		6		
TOTAL	196		118		

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for the reproductive health history.				
	2	1	0	Comments
1.1 *Arranges all necessary forms, charts, handouts, visual aids.				
1.2 Ensures adequate lighting and ventilation.				
1.3 Reviews previous medical records, if available.				
1.4 *Greet the client and introduces self.				
1.5 *Ensures that the client is comfortably seated and that privacy is maintained.				
1.6 *Explains purpose and format of history, and that all information given by client is confidential.				

POSSIBLE SCORE: 12 points

CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING THE REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the reproductive health history.				
	2	1	0	Comments
<i>Social History</i>				
2.1 a. *Obtains the following information, with the client's consent, according to local/national FP/RH service guidelines:				
– name, age, home address				
– marital status				
– ethnic group				
– religious preference				
– number and ages of people living at home				
– number of years of formal education (literacy)				
– type and amount of work outside of home				
– source and sufficiency of family income				
– presence of abuse (to client) in the home				
OR...				
b. *Obtains social history according to the local FP/RH forms.				
<i>Menstrual history</i>				
2.2 Obtains all or some of the following information according to local FP/RH forms:				
a. age at menarche				
b. *number of days in menstrual cycle				
c. *length of menses				
d. amount and character of flow				
(continued on next page)				

Skills Assessment Tool 3-b (continued)

CONDUCTING THE REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2 (*continued*): Obtains the reproductive health history.

	2	1	0	Comments
e. presence and degree of discomfort with menses f. *date of LMP (and whether it was normal) g. *inter-menstrual spotting or bleeding h. missed menses in last 6 months. <i>Sexual history</i> 2.3 Obtains the following information: a. current sexual activity with another person (frequency, satisfaction) b. sexual orientation c. *pain or difficulty with intercourse d. *presence of post-coital bleeding e. *history of STI risk behaviors (e.g., multiple partners, partner with multiple partners, use or non-use of condoms) f. *history of RTI, STI, HIV/AIDS in self or partner g. history of being sexually-abused – as a child – rape – current abuse or coercion. <i>Contraceptive and other health history</i> 2.4 Obtains information on present contraceptive method, if applicable: a. *type b. *satisfaction (self and partner) c. *side effects that are of concern to her (continued on next page)				

Skills Assessment Tool 3-b (continued)

CONDUCTING THE REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2 (continued): Obtains the reproductive health history.

	2	1	0	Comments
d. *consistency of use e. *length of time using this method. 2.5 Obtains information on previous contraceptive methods used: a. types b. duration of use for each c. side effects of each that were of concern to her d. reasons(s) for discontinuing. 2.6 Obtains information about reproductive intentions: a. *plans for family planning (when next baby is preferred, whether wishes to stop/limit pregnancies) or b. other reproductive health concerns, e.g., infertility. 2.7 Asks if client has previously received emergency treatment or in-patient care/hospitalization. If so, asks: a. what medical condition(s) caused this treatment and b. type of medicine(s) received. <i>Obstetrical history</i> 2.8 Obtains the following from client: a. *number of term babies (mature at birth) b. *number of preterm babies c. *number of pregnancies ending in miscarriage or abortion d. *number and ages of living children (continued on next page)				

Skills Assessment Tool 3-b (continued)

CONDUCTING THE REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2 (continued): Obtains the reproductive health history.

	2	1	0	Comments
e. *date of last live birth f. *any problems with past full term pregnancies: – high blood pressure – seizures – excessive bleeding or hemorrhage – severe infection – high blood sugar or diabetes – cesarean section or forceps delivery – stillbirths and neonatal deaths – babies born with a deformity. 2.9 *Asks if the client has delivered within the last 4 to 6 weeks or had a miscarriage within the last week or month. 2.10 For postpartum or postabortion client, asks questions: a. to determine status of client's health b. *to identify possible complications/problems in the mother's or baby's health OR... c. *to identify possible postabortion complications/problems d. to assess ease of breastfeeding (if postpartum client). (continued on next page)				

Skills Assessment Tool 3-b (continued)

CONDUCTING THE REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2 (continued): Obtains the reproductive health history.

	2	1	0	Comments
<i>Health habits history</i> 2.11 Obtains information about nutritional status: <ul style="list-style-type: none"> a. dietary pattern (foods consumed, type and amount), history of food allergies b. presence of pica (type) c. supplements taken d. source and quality of water. 2.12 Obtains information about potentially harmful behaviors and cultural practices: <ul style="list-style-type: none"> a. *smoking; if so, the amount b. *use of alcohol or other social drugs c. *use of non-prescription medications d. *environmental or work hazards e. *douching or inserting objects into vagina <ul style="list-style-type: none"> – frequency – solution used – nature of objects or herb inserted into vagina f. *practice of female circumcision <ul style="list-style-type: none"> – type (severity) – health consequence (history of RTI, bleeding, pain with/or inability to consummate sex, pain with menses, obstetric complications). (continued on next page) 				

POSSIBLE SCORE: 100 points CUT OFF: 58 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 3: Assesses the reproductive health of the client, based on the findings of history.

	2	1	0	Comments
3.1 Reviews the information collected and written on the history card in relation to: <ul style="list-style-type: none"> a. *suitability/eligibility for FP method use b. *need to confirm history findings through physical examination c. need to perform physical examination as indicated by tentative IUD choice d. *social problems that may negatively influence health (own or child's) or FP method use e. *health problems identified by provider that require in-depth education and counseling f. *referral for FP methods not available at present in her health site, or for other RH services. 				

POSSIBLE SCORE: 12 points

CUT OFF: 10 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 4: Shares assessment of reproductive health needs with the client.

	2	1	0	Comments
4.1 Informs the client, in a reassuring manner, of the findings and assessments including: a. *general health status b. *reproductive health needs.				
4.2 If any abnormalities are discovered in any of the areas reviewed: a. *asks the client the extent to which she is aware of these abnormalities b. *explains significance, if any, of any abnormalities discovered c. *informs the client about next steps in addressing these abnormalities.				
4.3 If any harmful social or cultural practices are discovered which have a potential for harm to the reproductive health of the client: a. *clarifies with the client the RH needs that require further discussion (counseling) b. *explains the risks and dangers <i>OR...</i> c. *plans with client for a future session on which to discuss (counsel) in depth about priority problems to help make decisions.				
4.4 *Encourages the client to share reactions to the information provided, gently probing as necessary.				
4.5 If client chooses to discuss priority needs, proceeds to the client education or counseling session or referral.				

POSSIBLE SCORE: 18 points

CUT OFF: 16 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 5: Provides care in collaboration with the client, to include counseling, RH risk reduction education, referral or RH care, as indicated.

	2	1	0	Comments
5.1 *Uses counseling and other interpersonal communication skills relevant for adolescents and adults, and provided visual aids as needed.				
5.2 If an adolescent, provides information and guidance, as needed on: <ul style="list-style-type: none"> a. the importance of continuing formal education and delayed marriage b. the menstrual cycle c. sexuality, intercourse and STI prevention d. contraceptive options e. self-breast examination for women and testicular examination for men f. nutritional needs and how to meet them g. prevention of harmful practices (smoking, alcohol, drug use, unprotected intercourse, female circumcision of infants and children). 				
5.3 If an adolescent or adult: <ul style="list-style-type: none"> a. clarifies any information in relation to priority RH problem b. *encourages the client to share how the issue/problem can be solved c. adds other options for solving the problem, ensuring accuracy of the information given d. helps client select feasible solutions. (continued on next page)				

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 5 (continued): Provides care in collaboration with the client, to include counseling, RH risk reduction education, referral or RH care, as indicated.

	2	1	0	Comments
5.4 Refers client as necessary and appropriate for problems that cannot be managed at the site: a. *clarifies reason for referral b. *clarifies when to seek referral c. *clarifies preparations needed by client/relatives (of blood donation, fees, need for escort, body cleanliness) d. *invites client or relative to return to provider with any concerns e. *provides a provisional FP method to prevent pregnancy during referral.				
5.5 Performs next step depending on the reason for RH visit (e.g., physical examination, starting a FP method, maternal health care session with baby care, or other RH care).				

POSSIBLE SCORE: 36 points

CUT OFF: 14 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 6: Plans follow-up care in collaboration with the client.				
	2	1	0	Comments
6.1 *Discusses with the client follow-up treatments, if any, and associated instructions.				
6.2 *Asks the client to repeat instructions for follow-up treatments, if any.				
6.3 Encourages the client to ask any unanswered questions. (If questions arise between this visit and the next, encourages the client to bring these to the follow-up visit; if of concern, encourages her to return to the clinic right away.)				
6.4 *Schedules and discusses purpose of the follow-up visit, and gives the client the time and date.				
6.5 Encourages the client to bring her partner or significant other(s) to the follow-up visit, as she desires.				

POSSIBLE SCORE: 10 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-b (continued)

CONDUCTING A REPRODUCTIVE HEALTH HISTORY

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 7: Records findings, assessments, care provided and follow-up plan.

	2	1	0	Comments
7.1 *Neatly and clearly writes all findings, assessments, care provided and plans for follow-up on the client card.				
7.2 *Gives the client a copy of her card with the return date indicated on it, where possible.				
7.3 *Teaches the client how to use the information on the record/card and to take it with her to each health service she requires.				
7.4 Stores the client's record in a safe place.				

POSSIBLE SCORE: 8 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-c

**MAINTAINING ASEPTIC TECHNIQUE
DURING AND AFTER STERILE PROCEDURES**

Date of Assessment: _ _ _ _ _ Dates of FP/RH Training: From _ _ _ _ _ To _ _ _ _ _ 19 _ _

Site of Assessment: Clinic/Classroom (circle one) _ _ _ _ _

Name of Service Provider: _ _ _ _ _

Training Activity Title: _ _ _ _ _

Name of Assessor: _ _ _ _ _

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-c (continued)**MAINTAINING ASEPTIC TECHNIQUE
DURING AND AFTER STERILE PROCEDURES****SUMMARY OF SCORES ATTAINED**

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares self for sterile procedure.	6		6		
2. Maintains asepsis while performing procedure.	6		6		
3. Cleans and sterilizes equipment/instruments.	16		16		
4. Ensures that soiled linen and surfaces are given high-level disinfection (HLD).	6		6		
TOTAL	34		34		

Skills Assessment Tool 3-c (continued)

**MAINTAINING ASEPTIC TECHNIQUE
DURING AND AFTER STERILE PROCEDURES**

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares self for sterile procedure.				
	2	1	0	Comments
1.1 *Washes hands well with soap and clean water and dries them with clean towel or air dries them.				
1.2 *Covers broken skin on any part of hand with a dressing (score only if applicable).				
1.3 *Puts on and wears sterile or high-level disinfected gloves without contaminating them, according to procedure performed.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Task 2: Maintains asepsis while performing the procedure.				
	2	1	0	Comments
2.1 *Uses one pair of gloves for each procedure that requires gloves.				
2.2 *Follows all the established steps for maintaining asepsis while performing a sterile procedure.				
2.3 *Disposes used gloves into a container with disinfectant.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Skills Assessment Tool 3-c (continued)

MAINTAINING ASEPTIC TECHNIQUE DURING AND AFTER STERILE PROCEDURES

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 3: Cleans and sterilizes equipment/instruments.				
	2	1	0	Comments
3.1	*Dilutes existing disinfectants in correct strengths, e.g., one (1) part bleach to nine (9) parts of water (.5% chlorine solution).			
3.2	*Decontaminates soiled instruments by soaking in disinfectant solution for 10 minutes before cleaning.			
3.3	*Cleans instruments thoroughly with hand brush, soap and water, while wearing gloves.			
3.4	*Rinses all cleaned instruments by fully immersing in water.			
3.5	High-level disinfects all instruments by: <ul style="list-style-type: none"> a. *boiling instruments for 20 minutes, counting from when the water starts boiling <li style="text-align: center;"><i>OR...</i> b. *immersing instruments fully in a disinfectant, e.g., 0.5% chlorine solution for 20 minutes <li style="text-align: center;"><i>AND</i> rinsing them with boiled water. 			
3.6	*Handles sterile or HLD instruments without contaminating them, e.g., uses sterile forceps.			
3.7	*Stores sterile instruments in a way that ensures that they are not contaminated.			
3.8	*Changes diluted disinfectants at right period intervals.			

POSSIBLE SCORE: 16 points CUT OFF: 16 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-c (continued)

**MAINTAINING ASEPTIC TECHNIQUE
DURING AND AFTER STERILE PROCEDURES**

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4: Ensures that soiled linens and surfaces are given high-level disinfection (HLD).

	2	1	0	Comments
4.1 *Decontaminates soiled linen by soaking in disinfectant solution, e.g., one (1) part bleach to nine (9) parts of water, for 20 minutes before laundering.				
4.2 *Decontaminates the couch and plastic covers after each use.				
4.3 *Correctly disposes of contaminated disposable sharps (puncture-proof container) and other contaminated disposable items.				

POSSIBLE SCORE: 6 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-d

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Date of Assessment: _____ Dates of FP/RH Training: From _____ To _____ 19____

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares setting, equipment and materials.	30		20		
2. Prepares client for physical examination.	12		8		
3. Washes her hands.	4		4		
4. Examines client's head and neck.	14		6		
5. Examines client's breasts.	36		28		
6. Teaches client self-breast exam.	10		10		
7. Examines the client's abdomen – non-postpartum client – postpartum client.	16 22		12 16		
8. Examines client's extremities.	4		0		
9. Prepares client for pelvic examination.	4		4		
10. Maintains asepsis throughout the procedure.	8		6		
11. Examines client's external genitalia.	10		8		
12. Performs speculum examination.	26		20		
13. Performs bimanual exam.	44		40		
14. Shares findings of the examination with the client.	8		4		
15. Records the findings.	8		6		
TOTAL – non-postpartum client	234		176		
– postpartum client	240		180		

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares setting, equipment and materials.				
	2	1	0	Comments
1.1 *Decontaminates the work surfaces.				
1.2 *Arranges all necessary equipment, separating the sterile from surgically clean instruments.				
1.3 Ensures availability of:				
a. *adequate light				
b. *linen for client and couch				
c. pillow/head rest				
d. *bin and cover				
e. *soap and water				
f. clean hand towel				
g. *FP/MH card				
h. scales				
i. *BP machine				
j. *stethoscope				
k. speculum				
l. lubricant for bimanual exam.				
1.4 *Provides privacy for the client.				

POSSIBLE SCORE: 30 points CUT OFF: 20 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Prepares client for physical examination.

	2	1	0	Comments
2.1 Observes client as she enters the room (e.g., general health, limping or crouching, pain).				
2.2 *Explains procedures to client at this time and as necessary during the procedures.				
2.3 Checks client's BP and weight and records them on client's card.				
2.4 *Ensures client has emptied her bladder.				
2.5 *Asks client to remove any underclothing and cover herself with linen.				
2.6 *Ensures the client is comfortable on the examining table/couch/bed/mat.				

POSSIBLE SCORE: 12 points CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 3: Washes her hands.

	2	1	0	Comments
3.1 Washes hands with soap and water:				
a. *before touching the client				
b. *after completion of the procedure.				

POSSIBLE SCORE: 4 points CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4: Examines client's head and neck.				
	2	1	0	Comments
4.1 Inspects the face for:				
a. chloasma				
b. *edema or masses				
c. acne.				
4.2 Inspects the eyes for:				
a. *paleness of lower lids				
b. *jaundice of the sclera/conjunctiva.				
4.3 Inspects the tongue and lips for paleness.				
4.4 Inspects neck and palpates for enlarged lymph glands/nodes.				

POSSIBLE SCORE: 14 points CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 5: Examines client's breasts.				
	2	1	0	Comments
5.1 Explains the steps in a breast examination (to prepare the client for self-breast exam).				
5.2 With client's arms by her side, inspects the breasts for:				
a. *obvious lumps/masses				
b. *size and shape of breasts				
c. *unusual skin coloration				
d. *nipples for:				
– milk secretion				
– abnormal discharge				
– shape				
e. unusual color of areola.				
5.3 As client lifts her arms above her head, inspects breasts for:				
a. simultaneous rise of breasts and breast symmetry				
b. *retraction of nipple or dimpling.				
5.4 With client's hands on her hips, inspects breasts for:				
a. *dimpling				
b. *retraction.				
5.5 Inspects and palpates the left breast:				
a. *asks the client to lie down on the couch				
b. *asks client to put left arm over her head				
c. *uses flat pads of fingers to palpate the left breast				
d. *starts from any one area, e.g., near the axilla, and moves fingers gently and slowly (in a circle) towards the nipple				
(continued on next page)				

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 5 (continued): Examines client's breasts.

	2	1	0	Comments
e. palpates superficially (with lighter touch), then more deeply (with firmer touch)				
f. *palpates the tail of the breast and palpates the axilla for enlarged lymph nodes				
g. *squeezes the nipples for discharges and notes type of discharge, if any (abnormal or breastmilk).				
5.6 *Repeats the procedure of inspection and palpation for right breast.				

POSSIBLE SCORE: 36 points CUT OFF: 28 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 6: Teaches client self-breast exam.

	2	1	0	Comments
6.1 *Explains to client the importance of self-breast exam.				
6.2 *Explains to client the best time (one to two weeks after menses) for self-breast exam and why.				
6.3 *Demonstrates to the client how to perform self-breast exam.				
6.4 *Explains to client what to feel for and what to do if she finds any abnormalities.				
6.5 *Guides client to repeat the procedure.				

POSSIBLE SCORE: 10 points CUT OFF: 10 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 7: Examines the client's abdomen.

	2	1	0	Comments
7.1 Inspects the abdomen for:				
a. *scars				
b. distention				
c. *enlargement				
d. *masses.				
7.2 *Asks client if there is any painful area (examines this part last).				
7.3 Palpates all four quadrants of abdomen gently for:				
a. *tenderness				
b. liver tenderness and enlargement				
c. *lumps or masses				
d. enlarged spleen (postpartum client).				
7.4 *Palpates to assess involution of the uterus if client is 4 to 8 weeks postpartum.				
7.5 *Palpates for weakness/separation of the rectus abdominis muscles if client is 4 to 8 weeks postpartum.				

POSSIBLE SCORE: Non-postpartum client: 16 points CUT OFF: 12 points (must include skills with asterisks (*))
 Postpartum client: 22 points CUT OFF: 16 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 8: Examines client's extremities.				
	2	1	0	Comments
8.1 Inspects legs and feels for:				
a. inflamed varicose veins				
b. edema.				

POSSIBLE SCORE: 4 points

CUT OFF: 0 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Note: For Pre-Training Skills Assessment, end with this task.

Task 9: Prepares client for pelvic examination.				
	2	1	0	Comments
9.1 *Explains procedure to client.				
9.2 *Positions client for pelvic examination.				

POSSIBLE SCORE: 4 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 10: Maintains asepsis throughout the procedure.

	2	1	0	Comments
10.1 Takes off hand jewelry, if any.				
10.2 *Washes hands with soap and water, and air dries or dries hands with clean towel.				
10.3 *Puts on gloves without contaminating them.				
10.4 *Uses instruments that have previously undergone high-level disinfection (HLD) or sterilization.				

POSSIBLE SCORE: 8 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 11: Examines client's external genitalia.

	2	1	0	Comments
11.1 Looks at the vulva and separates the labia to inspect for:				
a. *warts or other growths				
b. *abnormal discharges				
c. *bleeding from the vagina				
d. *sores/ulcers				
e. scars from surgery or circumcision.				

POSSIBLE SCORE: 10 points

CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 12: Performs speculum examination.				
	2	1	0	Comments
12.1 *Explains that an instrument will be inserted, and how the client will feel as it is used.				
12.2 *Asks client to relax and reassures her throughout the procedure.				
12.3 Lubricates the speculum with clean water or lubricant, if necessary.				
12.4 *Holds the speculum obliquely, parts the labia with the other hand and inserts the speculum gently.				
12.5 *Turns the speculum and opens the blades to expose the cervix.				
12.6 *Inspects the ectocervix and cervical canal (endocervix) for color, cervical erosion, ulcers, growths and any endocervical discharge.				
12.7 Takes specimens, if necessary.				
12.8 Inspects the vaginal walls for:				
a. *abnormal discharge				
b. *warts or other growths/ulcers				
c. *sores.				
12.9 Cleans the cervix with the swab, if necessary.				
12.10 *Closes and removes speculum gently in the oblique position.				
12.11 *Puts the used instruments in a container for decontamination.				

POSSIBLE SCORE: 26 points CUT OFF: 20 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 13: Performs bimanual exam.

	2	1	0	Comments
13.1 *Explains to the client that the examination is continuing.				
13.2 *Palpates Bartholin's glands.				
13.3 Inserts fingers gently and checks for: a. cystocele b. rectocele. Note: Rectocele and cystocele become critical if the client has chosen a diaphragm.				
13.4 *Asks client to tighten up vaginal muscles and checks for muscle tone (especially important for 4 to 8 week postpartum clients).				
13.5 Locates the cervix and feels for: a. *open or closed os b. *regularity c. *growths d. *consistency.				
13.6 Uses both hands to palpate the uterus and feels for: a. *position b. *shape c. *consistency d. *size e. *mobility f. *tenderness.				
13.7 *Checks for cervical tenderness.				
13.8 *Uses both hands to palpate the adnexa to feel any masses or tenderness. (continued on next page)				

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 13 (continued): Performs bimanual exam.

	2	1	0	Comments
13.9 *Observes client throughout the procedure to note any facial expressions indicating she is feeling pain or tenderness.				
13.10 *Milks urethra and Skene's ducts to exclude pus or blood discharge.				
13.11 *Thanks client for her cooperation.				
13.12 *Asks client to get off the examining table and get dressed.				
13.13 *Removes used gloves and disposes them in a decontamination solution.				

POSSIBLE SCORE: 44 points CUT OFF: 40 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Task 14: Shares findings of the examination with the client.

	2	1	0	Comments
14.1 *In reassuring manner, informs client of examination findings.				
14.2 If any abnormalities are discovered, asks client if she is aware of them.				
14.3 Explains possible causes of the abnormalities discovered.				
14.4 *If any abnormalities are discovered, informs client about next step in addressing them.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Skills Assessment Tool 3-d (continued)

PERFORMING A PHYSICAL ASSESSMENT FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 15: Records the findings.

	2	1	0	Comments
15.1 *Neatly and clearly writes all findings on the client's record card.				
15.2 *Clearly writes on the card any abnormalities discovered.				
15.3 *Tells the client about the next step.				
15.4 Gives client her record card with the return date, if necessary.				

POSSIBLE SCORE: 8 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-e

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Date of Assessment: _____ Dates of FP/RH Training: From _____ To _____ 19____

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTSSUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares setting, equipment and materials.	24		16		
2. Prepares client for pelvic examination.	8		8		
3. Maintains asepsis throughout the procedure.	8		6		
4. Examines client's external genitalia.	10		8		
5. Performs speculum examination.	26		20		
6. Performs bimanual exam.	44		40		
7. Shares findings of the examination with the client.	8		4		
8. Records the findings.	8		6		
TOTAL	134		108		

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares setting, equipment and materials.				
	2	1	0	Comments
1.1 *Decontaminates the work surfaces.				
1.2 *Arranges all necessary equipment, separating the sterile from surgically clean instruments.				
1.3 Ensures availability of:				
a. *adequate light				
b. *linen for client and couch				
c. pillow/head rest				
d. *bin and cover				
e. *soap and water				
f. clean hand towel				
g. *FP/MH Card				
h. speculum				
i. lubricant for bimanual exam.				
1.4 *Provides privacy for the client.				

POSSIBLE SCORE: 24 points

CUT OFF: 16 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2: Prepares client for pelvic examination.

	2	1	0	Comments
2.1 *Explains procedures to client at this time and as necessary during the procedures.				
2.2 *Ensures client has emptied her bladder.				
2.3 *Asks client to remove any underclothing and cover herself with linen.				
2.4 *Ensures the client is comfortable on the examining table/couch/bed/mat.				

POSSIBLE SCORE: 8 points

CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 3: Maintains asepsis throughout the procedure.

	2	1	0	Comments
3.1 Takes off hand jewelry, if any.				
3.2 *Washes hands with soap and water, and air dries or dries hands with clean towel.				
3.3 *Puts on gloves without contaminating them.				
3.4 *Uses instruments that have previously undergone high-level disinfection (HLD) or sterilization.				

POSSIBLE SCORE: 8 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4: Examines client's external genitalia.

	2	1	0	Comments
4.1 Looks at the vulva and separates the labia to inspect for:				
a. *warts or other growths				
b. *abnormal discharges				
c. *bleeding from the vagina				
d. *sores/ulcers				
e. scars from surgery or circumcision.				

POSSIBLE SCORE: 10 points

CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Performs speculum examination.

	2	1	0	Comments
5.1 *Explains that an instrument will be inserted, and how the client will feel as it is used.				
5.2 *Asks client to relax and reassures her throughout the procedure.				
5.3 Lubricates the speculum with clean water or lubricant, if necessary.				
5.4 *Holds the speculum obliquely, parts the labia with the other hand and inserts the speculum gently.				
5.5 *Turns the speculum and opens the blades to expose the cervix.				
5.6 *Inspects the ectocervix and cervical canal (endocervix) for color, cervical erosion, ulcers, growths and any endocervical discharge.				
5.7 Takes specimens, if necessary.				
5.8 Inspects the vaginal walls for:				
a. *abnormal discharge				
b. *warts or other growths/ulcers				
c. *sores.				
5.9 Cleans the cervix with the swab, if necessary.				
5.10 *Closes and removes speculum gently in the oblique position.				
5.11 *Puts the used instruments in a container for decontamination.				

POSSIBLE SCORE: 26 points

CUT OFF: 20 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 6: Performs bimanual exam.				
	2	1	0	Comments
6.1 *Explains to the client that the examination is continuing.				
6.2 *Palpates Bartholin's glands.				
6.3 Inserts fingers gently and checks for: a. cystocele b. rectocele. Note: Rectocele and cystocele become critical if the client has chosen a diaphragm.				
6.4 *Asks client to tighten up vaginal muscles and checks for muscle tone (especially important for 4 to 8 week postpartum clients).				
6.5 Locates the cervix and feels for: a. *open or closed os b. *regularity c. *growths d. *consistency.				
6.6 Uses both hands to palpate the uterus and feels for: a. *position b. *shape c. *consistency d. *size e. *mobility f. *tenderness.				
6.7 *Checks for cervical tenderness.				
6.8 *Uses both hands to palpate the adnexa to feel any masses or tenderness. (continued on next page)				

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 6 (continued): Performs bimanual exam.

	2	1	0	Comments
6.9 *Observes client throughout the procedure to note any facial expressions indicating she is feeling pain or tenderness.				
6.10 *Milks urethra and Skene's ducts to exclude pus or blood discharge.				
6.11 *Thanks client for her cooperation.				
6.12 *Asks client to get up off the examining table and get dressed.				
6.13 *Removes used gloves and disposes them in a decontamination solution.				

POSSIBLE SCORE: 44 points CUT OFF: 40 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Task 7: Shares findings of the examination with the client.

	2	1	0	Comments
7.1 *In reassuring manner, informs client of examination findings.				
7.2 If any abnormalities are discovered, asks client if she is aware of them.				
7.3 Explains possible causes of the abnormalities discovered.				
7.4 *If any abnormalities are discovered, informs client about next step in addressing them.				

POSSIBLE SCORE: 8 points CUT OFF: 4 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Skills Assessment Tool 3-e (continued)

PERFORMING A PELVIC EXAMINATION FOR FP/RH CLIENTS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 8: Records the findings.

	2	1	0	Comments
8.1 *Neatly and clearly writes all findings on the client's record card.				
8.2 *Clearly writes on the card any abnormalities discovered.				
8.3 *Tells the client about the next step.				
8.4 Gives client her record card with the return date, if necessary.				

POSSIBLE SCORE: 8 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-f

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Date of Assessment: _____ Dates of FP/RH Training: From _____ To _____ 19____

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares setting and materials.	24		18		
2. Assesses client's suitability/eligibility for the tentatively chosen FP method.	8		6		
3. Shares assessment with client, confirms FP method selected and discusses possibility of also using condoms.	12		12		
4. Administers the FP method.	6		4		
TOTAL	50		40		

Note: This tool is to be used for clients who have tentatively selected a hormonal FP method, IUD or diaphragm, and whose history indicates the need to conduct a physical assessment. Providers should omit this skill in order to maximize access and quality of services for clients needing condoms or spermicide.

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Note: This tool is to be used for clients who have tentatively selected a hormonal FP method, IUD or diaphragm, and whose history indicates the need to conduct a physical assessment. Providers should omit this skill in order to maximize access and quality of services for clients needing condoms or spermicide.

Task 1: Prepares setting and materials				
	2	1	0	Comments
1.1 Prepares necessary materials and equipment in addition to those used during counseling session (for informed choice):				
a. *overview information in WHO <i>Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods</i>				
b. *BP machine (sphygmomanometer and cuff)				
c. *stethoscope				
d. weighing scale				
e. *pelvic exam equipment (if pelvic exam to be done)				
f. *clean surgical gloves				
g. IUD insertion equipment				
h. *record forms and books				
i. *solution for decontaminating soiled/used equipment				
j. *soap				
k. clean hand towel				
l. *containers for disposing of soiled materials.				

POSSIBLE SCORE: 24 points CUT OFF: 18 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2: Assesses client's suitability/eligibility for the tentatively chosen FP method.

	2	1	0	Comments
2.1 *Uses a history checklist for initiating the FP method.				
2.2 *Conducts physical assessment as indicated: a. as further screening according to findings of the history taken <i>OR...</i> b. as a mandatory step before starting the FP method.				
2.3 Records findings at regular times during the procedure.				
2.4 *Shares findings with the client at regular times during the procedure.				

POSSIBLE SCORE: 8 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 3: Shares assessment with client, confirms FP method selected and discusses possibility of also using condoms.

	2	1	0	Comments
3.1 *Reviews with the client the findings of the physical assessment (if conducted), history taken, and client's reproductive goal/plans in regard to the method tentatively selected and whether the client: a. can use the FP method without any restriction (WHO Category 1) <i>OR...</i> b. must be informed of special concerns about use of the FP method (WHO Category 2). (WHO Category 2 does not require ongoing supervision.) <i>OR...</i> c. can use the FP method under regular supervision of the service provider (WHO Category 3) <i>OR...</i> d. cannot use the FP method (WHO Category 4). 3.2 *Explains: a. the next steps in administering the FP method (WHO Category 1) <i>OR...</i> b. the special concerns about use of the FP method (WHO Category 2) <i>OR...</i> c. the reason(s) and what will need to be done if the client uses the FP method under regular supervision of the service provider (WHO Category 3) <i>OR...</i> (continued on next page)				

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 3 (continued): Confirms with the client about the FP method he/she can use and possibility of also using condoms.

	2	1	0	Comments
d. alternative family planning method(s) and the reason(s) for not recommending the method (WHO Category 4).				
3.3 *Allows the client to ask questions or express her concerns.				
3.4 *Responds to the questions and concerns, if any, with facts.				
3.5 *Confirms with client the FP method she has selected.				
3.6 *Explores client's and partner's knowledge and feelings about using condoms, in addition to the selected method, as an STI and HIV/AIDS prevention measure, if necessary.				

POSSIBLE SCORE: 12 points

CUT OFF: 12 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4: Administers the FP method.				
	2	1	0	Comments
4.1 *Administers the FP method: a. gives client three or more cycles of COCs or POPS <i>OR...</i> b. aseptically injects Depo Provera®, or Noristerat® or once-a-month progestin-only injectable method <i>OR...</i> c. inserts IUD (see Skills Assessment Tool #3-i) (or discusses referral for IUD insertion if not done at this site) <i>OR...</i> d. fits diaphragm (or discusses referral for diaphragm fitting if not done at this site) <i>OR...</i> e. inserts NORPLANT® Implants (or discusses referral for NORPLANT® Implants insertion if not done at this site). 4.2 Issues condoms as double protection (FP and STI/HIV protection) if accepted by client. 4.3 *Explains the next steps: a. instructions on the use of the method administered (see Skills Assessment Tools # 3-g, h, j, k, as appropriate) <i>OR...</i> b. treatment for a health problem <i>OR...</i> (continued on next page)				

Skills Assessment Tool 3-f (continued)

DETERMINING AND ADMINISTERING THE APPROPRIATE FP METHOD

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4 (continued): Administers the FP method.

	2	1	0	Comments
c. referral for health problem or family planning method (e.g., IUD, diaphragm, NORPLANT® Implants) not available in the health site.				

POSSIBLE SCORE: 6 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-g

INSTRUCTING CLIENTS ON THE USE OF
COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Date of Assessment: _ _ _ _ _ Dates of FP/RH Training: From _ _ _ _ _ To _ _ _ _ _ 19 _ _

Site of Assessment: Clinic/Classroom (circle one) _ _ _ _ _

Name of Service Provider: _ _ _ _ _

Training Activity Title: _ _ _ _ _

Name of Assessor: _ _ _ _ _

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF
COMBINED ORAL CONTRACEPTIVE PILLS (COCs)SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Reviews information covered during counseling for informed choice.	8		4		
2. Explains and shows how COCs are used.	14		10		
3. Explains what the client should do when taking other medications.	6		4		
4. Explains what the client should do if she has diarrhea or vomiting.	4		4		
5. Explains common side effects of COCs.	14		6		
6. Explains unusual symptoms that necessitate urgent return to the clinic when using COCs.	10		8		
7. Explains when the client should return to the clinic.	12		6		
8. Checks client's understanding or the instructions given.	14		8		
9. Concludes the session.	8		4		
TOTAL	90		54		

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF
COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 1: Reviews information covered during counseling for informed choice.

	2	1	0	Comments
1.1 *Asks client to state what she remembers from the session on counseling for informed choice.				
1.2 Allows client to respond without interruption.				
1.3 Commends the client for correct information.				
1.4 *Tactfully states the omitted information.				

POSSIBLE SCORE: 8 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF
COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2: Explains and shows how the COCs are used.				
	2	1	0	Comments
2.1 Holds the packet of pills so that the client sees the pills during explanation and allows client to touch it.				
2.2 Explains to client that:				
a. *if she is given the 28 day pack, she must take one pill every day at the same time, preferably after evening meals to reduce nausea				
OR...				
*if she is given the 21 day pack, she must take one pill every day at the same time until the pack is empty, then rest for 7 days and begin the next pack on the eighth day				
b. *she should take her pills even when she does not have sex.				
2.3 *Shows the client how to take the pills following the arrows or lines or days of the week, as applicable.				
2.4 Explains to the client that she will have her menses:				
a. when she is on the last row of 28 day pills				
OR...				
b. during the days of no pill-taking for 21 day pills.				
2.5 Explains what the client should do if she misses taking COC pills:				
a. *if one COC pill is missed:				
– take as soon as she remembers				
– continue taking the next pill at the usual time				
OR...				
(continued on next page)				

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF
COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2 (continued): Explains and shows how the COCs are used.

	2	1	0	Comments
b. *if two or more COC pills are missed: <ul style="list-style-type: none"> – the more pills she misses, the greater at risk she is for pregnancy – take one pill as soon as she remembers and one daily at the usual time, and – avoid sexual intercourse/use a back-up method during each sexual intercourse until she has taken one active pill per day for 7 days, then – continue pill-taking as usual. 				
2.6 *Explains that if she cannot take the pills (COCs) for any reason, she should use a back-up method and return to FP clinic as soon as possible.				

POSSIBLE SCORE: 14 points

CUT OFF: 10 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF
COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 3: Explains what the client should do when taking other medicines.				
	2	1	0	Comments
3.1 *Explains that some medicines interfere with the effectiveness of COCs.				
3.2 Explains that when the client goes to any health facility, she should inform health providers that she takes COCs.				
3.3 *Explains that the client should tell the provider if she takes:				
a. Rifampicin® (antibiotic for tuberculosis) OR...				
b. Griseofulvin® (oral antifungal drug) OR...				
c. anticonvulsants.				

POSSIBLE SCORE: 6 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 4: Explains what the client should do if she has diarrhea or vomiting.				
	2	1	0	Comments
4.1 Explains that if she has severe diarrhea or vomiting within one hour of ingesting pills or it persists for more than 24 hours, she should:				
a. *continue taking pills as usual and				
b. *use a back-up method during and until 7 days of active pill-taking.				

POSSIBLE SCORE: 4 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF
COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 5: Explains common side effects of COCs.				
	2	1	0	Comments
5.1 Explains that the client may experience the following troublesome common side effects in the first 2 to 3 months of use and that they will diminish as client gets used to taking the pill:				
a. *nausea				
b. spotting				
c. *headaches				
d. breast tenderness.				
5.2 *Encourages the client to continue taking pills whether the positive or troublesome side effects occur.				
5.3 Encourages the client to report to the clinic if:				
a. concerned or worried				
b. she wishes to stop taking the pills for any reason.				

POSSIBLE SCORE: 14 points CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF
COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 6: Explains unusual symptoms that necessitate urgent return to the clinic when using COCs.

	2	1	0	Comments
6.1 Uses non-alarming language when explaining to the client the following rare symptoms, which may or may not be related to COCs:				
a. *severe lower abdominal pain				
b. *acute chest pain accompanied with shortness of breath				
c. *sudden headache, throbbing on one side, blurring of eyes, or loss of vision				
d. *severe deep pain in one leg calf or thigh.				
6.2 Emphasizes that even though these unusual symptoms are rare, it is necessary for her to know about them, and important to return to the clinic should they occur.				

POSSIBLE SCORE: 10 points CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF
COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 7: Explains when the client should return to the clinic.

	2	1	0	Comments
7.1 Explains to the client that she should come back to the clinic: <ul style="list-style-type: none"> a. if she is worried or has questions b. if she wishes to stop the pill for any reason c. *three months after she begins using the COCs d. for re-supplies e. *when unusual symptoms occur that necessitate urgent return to the clinic. 				
7.2 *Gives the client the date for her return visit and shows the pill in the last pill packet that corresponds with this date.				

POSSIBLE SCORE: 12 points CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF
COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 8: Checks client's understanding of the instructions given.

	2	1	0	Comments
8.1 Asks the client to repeat the instructions provided on:				
a. *when to start the pills				
b. *what to do if she misses taking the pills				
c. when to use a back-up method and for how long				
d. *what side effects she may experience				
e. when to return to the clinic.				
8.2 Commends the client for information she can remember.				
8.3 *Adds omitted information or instructions misunderstood by the client.				

POSSIBLE SCORE: 14 points CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-g (continued)

INSTRUCTING CLIENTS ON THE USE OF
COMBINED ORAL CONTRACEPTIVE PILLS (COCs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 9: Concludes the session.				
	2	1	0	Comments
9.1 *Gives the client at least 3 cycles of the pills <i>OR...</i> Gives the client the number of cycles according to local agency/national guidelines.				
9.2 *Records the type of pills and amount given and the return date on the FP/MH card and appointment card, if applicable.				
9.3 Records the required information in the daily activity register.				
9.4 Thanks and bids farewell to the client.				

POSSIBLE SCORE: 8 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-h

INSTRUCTING CLIENTS ON THE USE OF
PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Date of Assessment: _ _ _ _ _ Dates of FP/RH Training: From _ _ _ _ _ To _ _ _ _ _ 19 _ _

Site of Assessment: Clinic/Classroom (circle one) _ _ _ _ _

Name of Service Provider: _ _ _ _ _

Training Activity Title: _ _ _ _ _

Name of Assessor: _ _ _ _ _

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF
PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Reviews information covered during counseling for informed choice.	8		4		
2. Explains and shows how POPs are used for non-breastfeeding women.	28		18		
3. Explains about increased POP effectiveness for breastfeeding women.	6		4		
4. Explains what the client should do if she has diarrhea or vomiting, or if she is taking other medications.	10		8		
5. Explains common side effects of POPs.	6		6		
6. Explains unusual symptoms that necessitate urgent return to the clinic when using POPs.	6		4		
7. Explains when the client should return to the clinic.	14		8		
8. Checks client's understanding of the instructions given.	14		10		
9. Concludes the session.	8		4		
TOTAL	94		62		

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF
PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 1: Reviews information covered during counseling for informed choice				
	2	1	0	Comments
1.1 *Asks client to state what she remembers from the session on counseling for informed choice.				
1.2 Allows client to respond without interruption.				
1.3 Commends the client for correct information.				
1.4 *Tactfully states the omitted information.				

POSSIBLE SCORE: 8 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF
PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2: Explains and shows how the POPs are used for non-breastfeeding women.				
	2	1	0	Comments
2.1 Holds the packet of pills so that the client sees the pills during explanation and allows client to touch it.				
2.2 Explains that the client should: <ul style="list-style-type: none"> a. *take one pill daily, strictly at the same time, to ensure that there is a continuous amount of the medicine in her body to prevent pregnancy b. continue to the next packet of pills without any rest and c. *take her pills even when she does not have sex. 				
2.3 Shows the client how to take the pills following the arrows or lines or days of the week, as applicable.				
2.4 Explains to the client that she may have her menses at any time before the end of the packet. Reminds client that absent menses are also normal on POPs.				
2.5 Explains what client should do if she misses taking one POP: <ul style="list-style-type: none"> a. *take as soon as she remembers b. *continue taking the next pills at the usual time and c. *use a back-up method for the next 2 (or 7) days. (Two days may be adequate. Some programs recommend 7 days.) (continued on next page)				

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF
PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2 (continued): Explains and shows how the POPs are used for non-breastfeeding women.

	2	1	0	Comments
2.6 Explains what client should do if she misses taking two or more POPs: a. *take 2 pills as soon as she remembers b. *take 2 pills on next day c. *use a back-up method for next 2 (or 7) days. (Two days may be adequate. Some programs recommend 7 days.), then d. *continue pill-taking as usual.				
2.7 Explain that if she cannot take the pills (POPs) for any reason, she should use a back-up method and return to FP clinic as soon as possible.				

POSSIBLE SCORE: 28 points

CUT OFF: 18 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF
PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 3: Explains about increased POP effectiveness for breastfeeding women.

	2	1	0	Comments
3.1 Explains that POP use during breastfeeding is highly effective (especially for women whose menses have not yet returned).				
3.2 *Explains that it is reasonable to try to follow the same rules for using POPs as non-breastfeeding women follow (see Task 2), but to have confidence that the POPs will work well for her.				
3.3 *Explains that because POP use during breastfeeding is so effective, minor errors of pill taking are probably unimportant.				

POSSIBLE SCORE: 6 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF
PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4: Explains what the client should do if she has diarrhea or vomiting, or is taking other medicines.

	2	1	0	Comments
4.1 Explains that if she has severe diarrhea or vomiting within one hour of ingesting a pill or it persists for more than 24 hours, she should: <ul style="list-style-type: none"> a. *continue taking pills as usual and b. *use a back-up method for the next 2 (or 7) days. (Two days may be adequate. Some programs recommend 7 days.) 				
4.2 *Explains that some medicines interfere with effectiveness of POPs.				
4.3 Explains that when the client goes to any health facility, she should inform health providers that she takes POPs.				
4.4 *Explains that the client should tell the provider if she takes any of these medicines: <ul style="list-style-type: none"> a. rifampicin (antibiotic for tuberculosis) <li style="text-align: center;"><i>OR...</i> b. griseofulvin (oral antifungal drug) <li style="text-align: center;"><i>OR...</i> c. anticonvulsants. 				

POSSIBLE SCORE: 10 points

CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF
PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 5: Explains common side effects of POPs.				
	2	1	0	Comments
5.1 Explains the following common side effects of POPs: a. *irregular menses b. *spotting c. *absence of menses.				

POSSIBLE SCORE: 6 points CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 6: Explains unusual symptoms that necessitate urgent return to the clinic when using POPs.				
	2	1	0	Comments
6.1 Uses non-alarming language when explaining to the client the following symptoms which necessitate returning to the clinic: a. *if she thinks she is pregnant (breast tenderness, nausea, absent menses) b. *if she experiences low-grade or severe abdominal pain, which is accompanied by feeling pregnant or (for POP users who have regular menses) by a late menstrual period or spotting.				
6.2 Emphasizes that these symptoms are rare but the client should know about them.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF
PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 7: Explains when the client should return to the clinic.				
	2	1	0	Comments
7.1 Explains to the client that she should come back to the clinic:				
a. if she is worried or has questions				
b. if she wishes to stop the pill for any reason				
c. *three months after she begins using the POPs				
d. for re-supplies				
e. *if she continues taking POPs late or often misses taking them				
f. *when unusual symptoms occur that necessitate urgent return to the clinic.				
7.2 *Gives the client the date for her return visit and shows the pill in the last pill packet that corresponds with this date.				

POSSIBLE SCORE: 14 points

CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

**INSTRUCTING CLIENTS ON THE USE OF
PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)**

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Checks client's understanding of the instructions given.				
	2	1	0	Comments
8.1 Asks the client to repeat the instructions provided on:				
a. *when to start the pills				
b. *what to do if she misses taking the pills				
c. *when to use a back-up method and for how long				
d. *what side effects she may experience				
e. when to return to the clinic.				
8.2 Commends the client for information she can remember.				
8.3 *Adds omitted information or instructions misunderstood by the client.				

POSSIBLE SCORE: 14 points CUT OFF: 10 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Skills Assessment Tool 3-h (continued)

INSTRUCTING CLIENTS ON THE USE OF
PROGESTIN-ONLY CONTRACEPTIVE PILLS (POPs)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 9: Concludes the session.				
	2	1	0	Comments
9.1 *Gives the client at least three cycles of the pills OR... Gives the client the number of cycles according to local agency/national guidelines.				
9.2 *Records the type of pills and amount given and the return date on the FP/MH card and appointment card, if applicable.				
9.3 Records the required information in the daily activity register.				
9.4 Thanks and bids farewell to the client.				

POSSIBLE SCORE: 8 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-i

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Date of Assessment: _____ Dates of FP/RH Training: From _____ To _____ 19____

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares setting and equipment for IUD insertion.	12		10		
2. Maintains asepsis through-out the procedure.	8		6		
3. Prepares client for IUD insertion.	36		24		
4. Applies tenaculum and aligns the uterus after observing cervix for infection.	8		8		
5. Sounds the uterus.	8		6		
6. Loads the Copper T 380A using no-touch technique.	8		8		
7. Inserts the IUD in the uterus.	32		18		
8. Shows the client how to check for strings.	6		6		
9. Records notes on client card.	6		2		
TOTAL	124		88		

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares setting and equipment for IUD insertion.				
	2	1	0	Comments
1.1 *Decontaminates working surface.				
1.2 *Arranges all necessary equipment, separating clean from high-level disinfected instruments.				
1.3 Ensures availability of:				
a. *adequate light				
b. bin and cover				
c. *bucket with decontaminating solution				
d. *soap and water.				

POSSIBLE SCORE: 12 points

CUT OFF: 10 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 2: Maintains asepsis throughout the procedure.				
	2	1	0	Comments
2.1 Takes off hand jewelry, if any.				
2.2 *Washes hands with soap and water and air dries or dries hands with clean towel.				
2.3 *Puts on gloves without contaminating them.				
2.4 *Uses sterile or high-level disinfected instruments.				

POSSIBLE SCORE: 8 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 3: Prepares client for IUD insertion.				
	2	1	0	Comments
3.1 *Explains procedure to client.				
3.2 *Ensures client has emptied bladder.				
3.3 Performs abdominal examination to check for:				
a. *pregnancy				
b. abdominal masses				
c. *tenderness.				
3.4 Positions client for pelvic examination.				
3.5 Performs speculum examination and inspects for:				
a. *normality of cervix				
b. *any evidence of infection especially for pus-like discharge from the os				
c. *abnormal discharges				
d. takes lab specimens as appropriate				
e. *removes speculum and places it in a container with disinfectant.				
3.6 Performs bimanual pelvic examination to:				
a. *rule out tenderness during cervical motion				
b. *confirm size and position of uterus				
c. rule out uterine mass(es)				
d. rule out adnexal swelling				
e. *rule out adnexal tenderness.				
3.7 *Confirms absence of conditions for restricting IUD use based on above findings (and client history already taken).				
3.8 Shares findings with client.				

POSSIBLE SCORE: 36 points CUT OFF: 24 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: **2 = Done According to Standards**
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4: Applies tenaculum and aligns the uterus after observing cervix for infection.

	2	1	0	Comments
4.1 *Inserts high-level disinfected speculum and leaves it open to expose the cervix.				
4.2 *SWAB/CLEANS the cervix and vagina, using several swabs (on forceps) dipped in antiseptic solution, making concentric circles/sweeping circular movements, beginning at the os.				
4.3 *Applies the tenaculum to the cervix (e.g., at 2 and 10 o'clock positions).				
4.4 *Pulls steadily on the tenaculum:				
a. downwards and outwards for anteverted uterus				
<i>OR...</i>				
b. downwards and outwards THEN UPWARDS for retroverted uterus.				

POSSIBLE SCORE: 8 points

CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 5: Sounds the uterus.

	2	1	0	Comments
5.1 *Guides the uterine sound gently into the cervix and uterine cavity.				
5.2 *Looks at soiled uterine sound to note measurement of the uterine cavity (6 cm or more is normal).				
5.3 *Makes a decision to proceed or not to proceed with the insertion of the IUD.				
5.4 Shares decision with client.				

POSSIBLE SCORE: 8 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 6: Loads the Copper T 380 A using no-touch technique.

	2	1	0	Comments
6.1 <i>*Opens hand-held end of package, using no-touch technique and puts ROD into tube.</i> Picks up package and bends flaps away from each other. Grasps thumb grip on rod, removes from package, inserts rod in tube until it almost touches bottom of T.				
6.2 <i>*Folds arms of T.</i> Releases white flap and lays package on flat surface. Using no-touch technique, holds arms to fold them toward stem of T.				
6.3 <i>*Inserts arms of T into tube.</i> Pulls back slightly on inserter tube and twists it as s/he picks up and encloses plastic portion of TIPS of folded arms of T. S/he doesn't do this more than 5 minutes before insertion.				
6.4 <i>*Adjusts depth-gauge and aligns with T.</i> Adjusts depth-gauge as space from top of T to top of depth-gauge is equal to the depth of the uterus as measured on the uterine sound. Aligns depth gauge and folds arms of T so that they are both flat .				

POSSIBLE SCORE: 8 points

CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 7: Inserts the IUD in the uterus.				
	2	1	0	Comments
7.1 <i>Prepares for insertion and withdrawal technique:</i>				
a. *fully opens package				
b. *puts on second pair of gloves				
c. *removes loaded inserter while maintaining aseptic condition.				
7.2 <i>Inserts IUD using withdrawal technique:</i>				
a. *introduces it into uterus until depth gauge (which must be in the same horizontal position as the arms of T) touches cervix or resistance of uterine fundus is felt.				
b. *releases T arms. Holds the tenaculum and white rod stationary. With other hand, withdraws inserter tube until it touches white rod thumb grip. This releases T high in uterine fundus.				
c. *withdraws tube and rod. Holds inserter tube stationary while removing white rod. Gently withdraws inserter tube.				
7.3 <i>Cuts strings carefully:</i> without displacing the IUD, cuts strings so that 3 to 4 cm protrude into vagina.				
7.4 Commends the client for cooperation.				
7.5 *Gently releases tenaculum.				
7.6 *Puts slight pressure on cervix to control any bleeding with swab on forceps.				
7.7 *Gently removes the speculum.				
(continued on next page)				

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 7 (continued): Inserts the IUD in the uterus.

	2	1	0	Comments
7.8 Asks client how she feels, especially to rule out: a. severe cramping b. feeling dizzy/light headache.				
7.9 Asks client to remain lying flat (supine) for 5 minutes or longer if she feels dizzy.				
7.10 Asks client to get up and dress.				
7.11 Washes hands and air dries them or uses a clean towel.				

POSSIBLE SCORE: 32 points

CUT OFF: 18 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 8: Shows the client how to check for strings.

	2	1	0	Comments
8.1 *Asks client to wash her hands with soap and water and air dry or dry hands with a clean towel.				
8.2 *Instructs client how to feel for strings.				
8.3 *Asks client to feel for cervix and feel strings.				

POSSIBLE SCORE: 6 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-i (continued)

INSERTING THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 9: Records notes on client card.				
	2	1	0	Comments
9.1 *Records all findings of examinations done.				
9.2 Records type of IUD inserted on client cards (clinic and appointment cards).				
9.3 Records return date (6 weeks) on client card (clinic and appointment cards).				

POSSIBLE SCORE: 6 points

CUT OFF: 2 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-j

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A
INTRAUTERINE CONTRACEPTIVE DEVICE

Date of Assessment: _ _ _ _ _ Dates of FP/RH Training: From _ _ _ _ _ To _ _ _ _ _ 19 _ _

Site of Assessment: Clinic/Classroom (circle one) _ _ _ _ _

Name of Service Provider: _ _ _ _ _

Training Activity Title: _ _ _ _ _

Name of Assessor: _ _ _ _ _

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A
INTRAUTERINE CONTRACEPTIVE DEVICESUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Reviews information covered during counseling for informed choice.	8		4		
2. Gives more information on IUD.	32		12		
3. Shows client how to feel the strings.	6		4		
4. Explains to client what to do when strings are not felt or when IUD is expelled.	4		4		
5. Explains to client when IUD will be removed and when to return immediately to the clinic.	26		18		
6. Checks client's understanding of instructions given.	6		4		
7. Closes the session.	4		2		
TOTAL	86		48		

Skills Assessment Tool 3-j (continued)

**INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A
INTRAUTERINE CONTRACEPTIVE DEVICE**

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 1: Reviews information covered during counseling for informed choice.				
	2	1	0	Comments
1.1 *Asks client to state what she remembers from the session on counseling for informed choice.				
1.2 Allows client to respond without interruption.				
1.3 Commends client for correct information.				
1.4 *Tactfully states the omitted or incorrect information.				

POSSIBLE SCORE: 8 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-j (continued)

**INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A
INTRAUTERINE CONTRACEPTIVE DEVICE**

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 2: Gives more information on IUD.				
	2	1	0	Comments
2.1 Tells and shows type/name of IUD inserted.				
2.2 *Informs client on the expiration date of the IUD (10 years from time of insertion).				
2.3 Informs client the IUD can be removed:				
a. when client wishes to be pregnant				
b. when client wishes to change to another FP method				
c. when client has problems with the device.				
2.4 Restates common side effects and problems:				
a. spotting				
b. *menses that are a little longer and heavier than usual				
c. watery but not foul-smelling discharge				
d. *abdominal cramps during the first few days of post-insertion				
e. *expulsion of IUD				
f. pregnancy, rarely.				
2.5 Informs client on how to control abdominal cramps.				
2.6 Explains that the client should abstain from intercourse for 3 to 5 days after insertion to:				
a. avoid infection (if she has menses)				
b. help the uterus get used to the IUD.				
(continued on next page)				

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A
INTRAUTERINE CONTRACEPTIVE DEVICE

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2 (continued): Gives more information on IUD.

	2	1	0	Comments
2.7 *Emphasizes that having multiple sex partners (herself or her partner) is likely to contribute to pelvic infection.				
2.8 *Informs client that the IUD does not protect against STIs and HIV/AIDS transmission and that she should use condoms in addition to the IUD if at risk of exposure to STIs and HIV/AIDS.				

POSSIBLE SCORE: 32 points CUT OFF: 12 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Task 3: Shows client how to feel the strings.

	2	1	0	Comments
3.1 Shows client position for checking strings – such as squatting or standing with foot resting on a chair or bed.				
3.2 Explains that client should:				
a. *check strings with clean hands after every menses to make sure she can feel the strings				
b. *inspect her used sanitary pads during menses (before throwing away) to make sure the IUD has not been expelled.				

POSSIBLE SCORE: 6 points CUT OFF: 4 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A
INTRAUTERINE CONTRACEPTIVE DEVICE

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4: Explains to client what to do when the strings are not felt or when IUD is expelled.

	2	1	0	Comments
4.1 *Tells client to come back to clinic if she cannot feel the strings.				
4.2 *Tells client in case strings are not felt or IUD is expelled, to abstain or use a condom or spermicide and return to the clinic.				

POSSIBLE SCORE: 4 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A INTRAUTERINE CONTRACEPTIVE DEVICE

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 5: Explains to client when IUD will be removed and when to return immediately to the clinic.				
	2	1	0	Comments
<p>5.1 Informs client the IUD will be removed:</p> <ul style="list-style-type: none"> a. when client wishes to become pregnant b. *on the expiration date (10 years) c. when client wishes to change to another FP method d. when there are health problems (complications). <p>5.2 *Asks client to return to clinic in one month</p> <p style="text-align: center;">AND</p> <p>anytime she has questions or if she feels/ has:</p> <ul style="list-style-type: none"> a. *missed period b. *lower abdominal pain or pain during intercourse c. *fever associated with (b) and (h) d. *missing or longer strings e. *hard part of IUD or device is felt at cervical os f. *very heavy bleeding g. severe cramping h. *foul-smelling or pus-like vaginal discharge. 				

POSSIBLE SCORE: 26 points

CUT OFF: 18 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-j (continued)

INSTRUCTING A CLIENT ON THE USE OF THE COPPER T 380A
INTRAUTERINE CONTRACEPTIVE DEVICE

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 6: Checks client's understanding of instructions given.

	2	1	0	Comments
6.1 *Asks client to repeat the instructions.				
6.2 Commends client for instructions she can remember.				
6.3 *Adds to what client has said and any important instructions client has left out.				

POSSIBLE SCORE: 6 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 7: Closes the session.

	2	1	0	Comments
7.1 *Thanks client for her cooperation, reminds her of return appointment date.				
7.2 Bids client farewell.				

POSSIBLE SCORE: 4 points

CUT OFF: 2 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-k

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Date of Assessment: _ _ _ _ _ Dates of FP/RH Training: From _ _ _ _ _ To _ _ _ _ _ 19 _ _

Site of Assessment: Clinic/Classroom (circle one) _ _ _ _ _

Name of Service Provider: _ _ _ _ _

Training Activity Title: _ _ _ _ _

Name of Assessor: _ _ _ _ _

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Reviews information covered during counseling session for informed choice.	8		6		
2. Explains how often and from what service sites the injections will be provided.	4		4		
3. Explains when the injections take effect, based on the client's menstrual history.	2		2		
4. Explains common side effects of Depo Provera® and Noristerat®.	26*		24**		
5. Explains unusual symptoms that require immediate return to the clinic when using Depo Provera® or Noristerat®.	8		8		
6. Checks client's understanding of instructions given.	12		10		
7. Confirms that the client wishes to use Depo Provera® or Noristerat®.	8		4		
8. Explains routine and special return/follow-up visits while using Depo Provera® or Noristerat®.	10		4		
9. Explains prevention of STIs and HIV while using Depo Provera® or Noristerat®.	6		6		
10. Closes the session.	14		12		
TOTAL	98***		80		

* Possible score is 26 if task 4.6 is applicable; 24 points if it is not.

** Cut off score is 24 even if task 4.6 is not applicable.

*** Total score is 96 if task 4.6 is not applicable.

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 1: Reviews information covered during counseling session for informed choice.

	2	1	0	Comments
1.1 *Asks the client to state what she remembers from the session on counseling for informed choice.				
1.2 *Allows the client to respond without interruption.				
1.3 Commends client for correct information.				
1.4 *Tactfully states the omitted information.				

POSSIBLE SCORE: 8 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Task 2: Explains how often and from what service site injections will be provided.

	2	1	0	Comments
2.1 *Explains that the injectable FP methods are given: a. every 12 weeks for Depo Provera® OR... b. every 8 weeks for Noristerat®.				
2.2 *Explains where the injectables are provided: a. at the MH/FP clinic OR... b. from the nearest community-based health care center/worker.				

POSSIBLE SCORE: 4 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

**INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES
(Depo Provera® and Noristerat®)**

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 3: Explains when the injections take effect, based on the client's menstrual history.				
	2	1	0	Comments
3.1 *Explains when the injection is effective: a. immediate effect (within 24 hours) if given on day 1 to 5 of the client's menstrual cycle <i>OR...</i> b. after 7 days if given on day 6 (or later) of the client's menstrual cycle. If given at this point, client must use a back-up method (such as spermicides or condoms), or abstain for the first 14 days (or longer) of injection use. <i>OR...</i> c. after 7 days (or longer) if the client has amenorrhea but was assessed not pregnant.				

POSSIBLE SCORE: 2 points

CUT OFF: 2 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4: Explains common side effects of Depo Provera® and Noristerat®.				
	2	1	0	Comments
4.1 Explains selected beneficial side effects of Depo Provera® and Noristerat®: <ul style="list-style-type: none"> a. *absence of menstrual bleeding by 6 to 12 months after initiating the injectable is common b. *no decrease in breastmilk, if the client is breastfeeding c. *some protection against pelvic inflammatory disease. 				
4.2 Explains the main reasons for beneficial side effects: <ul style="list-style-type: none"> a. *effect of the progestins on the uterine lining; the uterine lining thins and amenorrhea results b. *effect of the progestins on hormones that help produce breastmilk; progestins do not interfere with the hormones that stimulate production of breastmilk c. *effect of the progestins on the cervical mucus; progestins thicken the cervical mucus, which helps prevent infection from spreading from the cervix up into the uterus and tubes. 				
4.3 Explains the bothersome menstrual period changes that are side effects of Depo Provera® and Noristerat®: <ul style="list-style-type: none"> a. *irregular vaginal bleeding or spotting b. *prolonged or excessive vaginal bleeding. (continued on next page)				

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4 (continued): Explains common side effects of Depo Provera® and Noristerat®.

	2	1	0	Comments
4.4 Explains the common physical and mental side effects of Depo Provera® and Noristerat®: a. *irregular, frequent, light or absent menses b. *minor weight gain (appetite stimulation) c. *mood changes (usually minor), including depressed mood 4.5 *Explains that bothersome menstrual changes usually improve within three or four months as the body adjusts to the injectables; half of Depo Provera® users are free of bleeding (amenorrheic) after 12 months of DMPA use. 4.6 Explains that Noristerat® users seem to have more problems with menstrual changes than Depo Provera® users. (This task is only applicable if the client has received Noristerat®.)				

POSSIBLE SCORE: 26 points if task 4.6 is applicable; 24 points if it is not.

CUT OFF: 24 points, whether 4.6 is applicable or not (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 5: Explains unusual symptoms that require immediate return to the clinic when using Depo Provera® or Noristerat®.

	2	1	0	Comments
5.1 Uses non-alarming language when explaining to the client the following rarely occurring symptoms related to the use of Depo Provera® or Noristerat®: <ul style="list-style-type: none"> a. *excessive vaginal bleeding (extremely heavy bleeding is rare with injectable progestins) b. *vaginal bleeding lasting 7 or more days c. *severe headaches d. *suspicion of pregnancy. 				

POSSIBLE SCORE: 8 points

CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 6: Checks client's understanding of instructions given.				
	2	1	0	Comments
6.1 Asks the client to repeat the instructions provided on:				
a. *whether she needs to use a back-up method and , if necessary, for how long and why				
b. *how often she will receive the injectable				
– Depo Provera®				
<i>OR...</i>				
– Noristerat®.				
c. *beneficial side effects and why				
d. *bothersome side effects and why.				
6.2 Commends the client for information she can remember.				
6.3 *Tactfully discusses omitted or misunderstood instructions.				

POSSIBLE SCORE: 12 points CUT OFF: 10 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 7: Confirms that the client wishes to use Depo Provera® or Noristerat®.				
	2	1	0	Comments
7.1 *Asks the client if she is NOW sure she wants to use Depo Provera® or Noristerat®.				
7.2 Asks what made the client decide to use Depo Provera® or Noristerat®.				
7.3 *Uses the client's reason as a basis to provide Depo Provera® or Noristerat®.				
7.4 Prepares the client by explaining the next steps for injecting Depo Provera® or Noristerat®.				

POSSIBLE SCORE: 8 points

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

**INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES
(Depo Provera® and Noristerat®)**

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 8: Explains routine and special return/follow-up visits while using Depo Provera® or Noristerat®.				
	2	1	0	Comments
<p>8.1 a. Explains routine follow-up visits for Depo Provera®:</p> <ul style="list-style-type: none"> – *every 12 weeks (safe to return 2 to 4 weeks later than the 12 week visit or 2 to 4 weeks earlier) and – as needed (in case of problems). <p style="text-align: center;"><i>OR...</i></p> <p>b. Explains routine follow-up visits for Noristerat®:</p> <ul style="list-style-type: none"> – *every 8 weeks (safe to return up to 2 weeks later than the 8 week visit) and – as needed (in case of problems). 				
<p>8.2 Explains that client can return to the clinic whenever she:</p> <ul style="list-style-type: none"> a. *has a concern or question b. wants to become pregnant c. wants to change to another method. 				

POSSIBLE SCORE: 10 points CUT OFF: 4 points (must include skills with asterisks (*))
 SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES (Depo Provera® and Noristerat®)

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 9: Explains prevention of STIs and HIV while using Depo Provera® or Noristerat®.				
	2	1	0	Comments
9.1 Explains that if the client feels she or her partner is at risk or exposed to STIs or HIV:				
a. *her partner should use condoms or				
b. *she should use spermicides if condoms are not acceptable.				
9.2 *Explains that condoms have been proven to protect against transmission of STIs and HIV, whereas spermicides have not yet been fully proven to protect against transmission of STIs or HIV.				

POSSIBLE SCORE: 6 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-k (continued)

**INSTRUCTING A CLIENT ON THE USE OF PROGESTIN-ONLY INJECTABLES
(Depo Provera® and Noristerat®)**

Rating Scale: 2 = Done According to Standards
1 = Done According to Standards After Prompting
0 = Not Done or Done Below Standards Even After Prompting

Task 10: Closes the session.				
	2	1	0	Comments
10.1 *Encourages the client to ask any questions and to repeat the instructions provided.				
10.2 Records on the client card:				
a. *name of injection given				
b. *dose of the injection				
c. *return date.				
10.3 *Records on the appointment card the return date and hands it to the client.				
10.4 *Records relevant information in the daily FP activity register (or appropriate local agency FP register).				
10.5 Thanks the client and bids her farewell.				

POSSIBLE SCORE: 14 points

CUT OFF: 12 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-1

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Date of Assessment: _____ Dates of FP/RH Training: From _____ To _____ 19____

Site of Assessment: Clinic/Classroom (circle one) _____

Name of Service Provider: _____

Training Activity Title: _____

Name of Assessor: _____

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 3-1 (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Note: This tool is to be used for clients who are using COCs, POPs, injectables, an IUD, a diaphragm, or a fertility awareness method. Providers should omit this skill in order to maximize access and quality of services for clients needing condoms or spermicide.

Note: To promote the concept of maximizing access and quality, including continuing acceptance and use of FP methods, few routine follow-ups are conducted:

- a) three months after starting COC, POP, and injectable methods;
- b) six weeks and three months after beginning the IUD;
- c) one monthly up to three months, if needed, after starting the fertility awareness methods;
- d) one and two weeks after diaphragm fitting;
- e) as per local service standards for permanent and implantable methods.

Routine follow-up visits are the ones which include a systematic assessment of the FP method user to ensure that the client and her partner are satisfied with the method and the user has no problems.

No regular follow-up visit is done annually. Clients are, however, invited to report to the health provider anytime they have a concern.

No planned follow-up visits are conducted for clients using the male condom and spermicides. During re-supplying of condoms, spermicides, OCs, and repeat doses of injectables, the provider uses mechanisms/approaches that help the client spend as little time as possible, for encouraging continuity and in turn maximizing access and quality of the methods/FP care. An exception to this practice is if the client requires another FP/RH service.

Skills Assessment Tool 3-1 (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares setting and materials.	22		18		
2. Establishes and maintains rapport with client and uses communication skills throughout the session.	30		20		
3. Prepares self and client for the follow-up.	10		8		
4. Checks the client's general health and satisfaction with the method.	COC 24 POP 24 Inject. 16 IUD 20 Diaph. 12 Fertility Aware. 12		14 14 10 14 6 6		
5. Checks information specific to STI and HIV/AIDS prevention and breast cancer screening.	10		8		
6. Administers the FP method and closes the session.	COC 12 POP 12 Inject. 12 IUD 8 Diaph. 12 Fertility Aware. 8		8 8 8 4 8 4		
TOTAL	WILL DEPEND ON THE METHOD USED BY CLIENT DURING THE FOLLOW-UP VISIT.				

Skills Assessment Tool 3-1 (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Note: This tool is to be used for clients who are using COCs, POPs, injectables, an IUD, a diaphragm, or a fertility awareness method. Providers should omit this skill in order to maximize access and quality of services for clients needing condoms or spermicide.

Task 1: Prepares setting and materials.				
	2	1	0	Comments
1.1 Prepares necessary materials and equipment in addition to those used during counseling session (for informed choice): <ul style="list-style-type: none"> a. *overview information in WHO <i>Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods</i> b. *BP machine (sphygmomanometer and cuff) c. *stethoscope d. weighing scale e. *pelvic exam equipment (if pelvic exam to be done) f. *clean surgical gloves g. *record forms and books h. *solution for decontaminating soiled/used equipment i. *soap j. clean hand towel k. *containers for disposing of soiled materials. 				

POSSIBLE SCORE: 22 points

CUT OFF: 18 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-1 (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 2: Establishes and maintains rapport with client and uses communication skills throughout the session.

	2	1	0	Comments
2.1 *Greet client in a respectful, culturally-appropriate way to create rapport and enable both client and provider to relax.				
2.2 Introduces self and others (if any) to the client.				
2.3 *Asks what she can do for client or reason for coming to the clinic.				
2.4 Uses non-verbal communication skills to encourage client, as needed:				
a. *smiling or nodding at client				
b. *openness and non-judgmental facial expression				
c. leaning towards client or facing and being near client, as needed				
d. *eye contact in a culturally-acceptable manner				
e. *relaxed and friendly manner.				
2.5 Uses verbal communication skills, as needed:				
a. clarifies, using open-ended questions				
b. *listens actively				
c. *encourages or praises				
e. accurately reflects and focuses the discussion according to the client's concerns				
f. *repeats/paraphrases client's statements				
g. responds to client's non-verbal communication				
h. *summarizes or lets client summarize.				

POSSIBLE SCORE: 30 points

CUT OFF: 20 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-1 (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 3: Prepares self and client for the follow-up.				
	2	1	0	Comments
3.1 *Washes hands with soap and water before steps that involve touching the client.				
3.2 *Air dries hands or dries them with a clean towel.				
3.3 *Explains the procedure to the client.				
3.4 *Reviews the client's family planning card and appointment card, if necessary, to remind him/her of previous findings.				
3.5 Shares the findings while confirming with the client the summary of the findings.				

POSSIBLE SCORE: 10 points

CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-1 (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4: Checks the client's general health and satisfaction with the method.				
	2	1	0	Comments
<p>Note:</p> <ul style="list-style-type: none"> Subtasks 4.1 to 4.4 are common to all FP methods. Subtasks 4.5 to 4.10 are unique to different methods. Hence, the scoring is different for each method. <p>4.1 Asks how the client has been feeling (generally) since she started using the method.</p> <p>4.2 *Asks whether client has bothersome side effects or problems and which ones.</p> <p>4.3 Asks how satisfied she (and partner) is with the method.</p> <p>4.4 Records findings at regular intervals.</p> <p>4.5 For COCs, POPs and injectables, obtains menstrual history during the last three months:</p> <ol style="list-style-type: none"> *last "menstrual" period *duration and amount *regularity *any problems with the menses? <p>4.6 For IUD, obtains menstrual history since insertion (6 weeks previously) or during the last three months:</p> <ol style="list-style-type: none"> *last "menstrual" period *duration and amount *regularity *any problems with the menses? <p>(continued on next page)</p>				

Skills Assessment Tool 3-1 (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4 (continued): Checks the clients' general health and satisfaction with the method.

	2	1	0	Comments
<p>4.7 For IUD:</p> <ul style="list-style-type: none"> a. *asks whether client feels the IUD strings and inspects used sanitary pads before disposal b. *conducts a bimanual and speculum exam, if history indicates a need for it <p style="text-align: center;"><i>OR...</i></p> <ul style="list-style-type: none"> c. *conducts a speculum exam to confirm presence of strings. <p>4.8 For COCs and POPs:</p> <ul style="list-style-type: none"> a. *asks client to explain how she has been taking the pills (may give client a similar cycle of pills to use as a visual aid) b. asks whether a side effect bothers her. If so, which one? c. *asks what client does if she has forgotten: <ul style="list-style-type: none"> – one pill – two or more pills d. commends client for taking pills well and adds omitted or incorrect information. <p>4.9 For diaphragm:</p> <ul style="list-style-type: none"> a. *checks position of diaphragm b. *praises for correct position <p style="text-align: center;"><i>OR...</i></p> <ul style="list-style-type: none"> c. *repeats the procedure of teaching her to insert the diaphragm. <p style="text-align: center;">(continued on next page)</p>				

Skills Assessment Tool 3-1 (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 4 (*continued*): Checking the client's general health and satisfaction with the method.

	2	1	0	Comments
4.10 For fertility awareness methods/natural FP:				
a. *asks client to show her the NFP record/chart and reviews it with her and				
b. *corrects the client on misunderstood recordings, if any				
<i>OR...</i>				
c. *re-instructs about the method.				

POSSIBLE SCORE:

COC 24 points

POP 24 points

Injectable 16 points

IUD 20 points

Diaphragm 12 points

Fertility Awareness 12 points

SCORE ATTAINED: _____

CUT OFF:

14 points (must include skills with asterisks (*))

14 points (must include skills with asterisks (*))

10 points (must include skills with asterisks (*))

14 points (must include skills with asterisks (*))

6 points (must include skills with asterisks (*))

6 points (must include skills with asterisks (*))

Skills Assessment Tool 3-1 (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 5: Checks information specific to STI and HIV/AIDS prevention and breast cancer screening.

	2	1	0	Comments
5.1 For all methods:				
a. *asks the client if she and partner would like to use a condom for double protection				
b. *gives the reasons (being protected from transmission of STI and HIV as well as additional protection from pregnancy).				
5.2 *Allows client to express concerns and clarifies as needed about double protection concept.				
5.3 *Asks how client is progressing with self-breast examination.				
<i>OR...</i>				
5.4 *Asks client to demonstrate self-breast examination in the position the client usually uses.				
5.5 Repeats the teaching on self-breast examination, if necessary.				

POSSIBLE SCORE: 10 points

CUT OFF: 8 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 3-1 (continued)

PLANNED/ROUTINE FOLLOW-UP FP VISITS

Rating Scale: 2 = Done According to Standards
 1 = Done According to Standards After Prompting
 0 = Not Done or Done Below Standards Even After Prompting

Task 6: Administers the FP method and closes the follow-up visit/session.				
	2	1	0	Comments
6.1 *For COCs, POPs, injectables or diaphragm users: a. dispenses three or more cycles of COCs and POPs <i>OR...</i> b. aseptically injects the one, two, or three monthly injection <i>OR...</i> c. dispenses two or more contraceptive spermicidal creams and applicators for diaphragm user.				
6.2 For all methods, issues a full box or more of condoms for double protection, if accepted.				
6.3 *For COCs, POPs, injectables or diaphragm, gives dates for re-supply or for re-injection.				
6.4 Closes the follow-up session: a. *allows client to ask questions b. *responds using facts c. thanks and bids client farewell.				

POSSIBLE SCORE:

COC, POP, Injectable, Diaphragm: 12 points

IUD, Fertility Awareness: 8 points

CUT OFF: 8 points (must include skills with asterisks (*))

CUT OFF: 4 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

APPENDICES

The following three documents contain information fundamental to providing family planning (FP) services.

APPENDIX A: Informed Choice: Report of the Cooperating Agencies Task Force (Executive Summary)

APPENDIX B: Rights of the Client (International Planned Parenthood Federation)

APPENDIX C: Needs of the Provider (Huezo and Diaz)

APPENDIX A

INFORMED CHOICE:
Report of the Cooperating Agencies Task Force

Executive Summary

July 1989

The Cooperating Agencies Task Force on Informed Choice, consisting of representatives of 17 organizations working in international family planning (FP) programs, met in April and November 1988 and in February 1989. The following recommendations represent the consensus of the Task Force members regarding the most important actions needed to promote informed choice in developing countries:

1. Expanded Definition of Informed Choice

Informed choice is effective access to information on reproductive choices and to the necessary counseling, services and supplies to help individuals choose and use an appropriate method of FP, if desired. The Task Force broadened the definition of informed choice to include the possibility of choosing pregnancy. Informed choice begins prior to the choice of a particular method, at the time when a person first learns that there is a way to control his or her fertility.

2. Continual Process

Informed choice should be seen as a continual process as new acceptors try out one method and shift to other methods or non-use, as their needs or preferences change.

3. Method Choices

Within each given service area, an appropriate range of contraceptive methods should be available to meet the needs of various types of contraceptive users. Available methods should include male and female methods, some reversible methods which are temporary, as well as long-acting ones, and permanent methods. Program administrators should strive for “effective access,” which means that, at a minimum, major groups of contraceptive methods are available in each regional area of a country.

4. Referrals

Providers that offer only one or a limited range of FP methods should tell clients where alternative methods are available, regardless of how distant they may be. Referral systems should be established and coordinated with providers at the local level, using written materials as appropriate.

5. Clinic Education

To complement counseling, service providers should seek to improve client education by using waiting areas for visual displays, lectures and audio-visual presentations and by providing client counselors with visual aids and audio-visual and print materials. Client education materials should be accurate, appropriate to their intended audience, and understandable.

6. Client Counseling

Each local institution should ensure that client counseling is done sensitively and effectively. The goal of counseling is to have the client arrive at a choice that he/she is satisfied with and, if the choice is to use contraception, to prepare the client to use his/her chosen method effectively. Counseling should be a two-way interaction, based on a positive relationship.

7. Monitoring and Evaluation

CAs and local institutions should build information needed for monitoring and evaluation of informed choice into their standard reporting requirements. Such information might include indicators that client counseling guidelines have been followed and service statistics on method mix and referrals (as appropriate). Evaluations should look at the structure of services, the actual delivery of services and service outcomes to assess the extent of informed choice. While CAs can provide technical support, local institutions must take primary responsibility for promoting informed choice and for monitoring service delivery sites to ensure that the appropriate steps are being taken.

8. Public Outreach

FP agencies should make more use of culturally sensitive mass media to reach not only potential and current contraceptive users but also others who influence reproductive decisions such as spouses, other relatives, and policy-makers. All modes of public education such as television, radio, press, magazines, group meetings, exhibits, cultural events, folk theater, all types of entertainment, field worker visits, inserts in contraceptive packages and point-of-purchase displays should be expanded. Whenever feasible, they should include information about specific methods.

9. Protocols for Service Delivery

Both public and private agencies in developing countries should develop national or regional guidelines on FP methods and the client education process. Emphasis should be placed on continuous support of clients, not simply the first contact.

10. Training

Service delivery staff need to be trained in client counseling and interpersonal communication, since good counseling and a positive relationship with the client are essential to informed choice. Counseling staff should receive on-site training, assistance, supervision, and periodic evaluation. Each agency should develop or adapt from other agencies a portion of a training module specifically on informed choice. Trainers should encourage service providers to be attentive to the client's needs and life situation.

11. Male Involvement

FP programs need to pay more attention to the role of men in reproductive decisions and to expand male outreach programs. Many programs focus mainly on women, even though men have a major role in making family reproductive choices in many countries.

12. Family Planning and STIs, including AIDS

The prevention and treatment of sexually transmitted infections (STIs) is important to reproductive health. FP providers should offer basic STI services. In view of the widespread concern regarding acquired immune deficiency syndrome (AIDS), family planning providers should seek assistance from various sources for programs to prevent transmission of the virus that causes AIDS. These programs may include staff training, counseling, peer group activities, condom promotion and distribution, the development of communication strategies and materials, and human immunodeficiency virus (HIV) testing (where appropriate).

13. Research Needs

More research should be conducted on various elements of informed choice, including method availability, referrals, counseling, public and clinic education, and training. Operations research can be useful to assess the most effective ways of promoting informed choice

14. Informed Consent Requirements

While clients should make informed decisions for any contraceptive, written informed consent should be required only for voluntary sterilization, because it is intended to be (and effectively is) permanent.

15. The Role of Cooperating Agencies (CAs)

CAs should review their policies and procedures in regard to informed choice, provide adequate staff training, and adopt appropriate monitoring and evaluation procedures. CAs preparing international guidelines should seek input from service providers in developing countries.

16. AID Support to CAs

AID should provide CAs with up-to-date, accurate information pertaining to informed choice, especially in key areas such as contraceptive safety and efficacy and AIDS prevention.

The Task Force concluded that much progress has been made in promoting informed choice and that future initiatives may depend upon correcting erroneous assumptions about informed choice. In fact, the stereotypical activities associated with informed choice—boring lectures, lengthy forms and rigid guidelines—may have little to do with helping the client to make and implement choices, to understand and remember pertinent information, and to feel comfortable seeking additional information or services, as needed.

Family planning and health care professionals need to understand that implementation of programs to promote informed choice will make their job easier, not harder. Satisfied users are not only the key to high continuation rates but also the most effective promoters of FP.

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111 Market Place, Suite 310
Baltimore, MD 21202, USA

APPENDIX B

RIGHTS OF THE CLIENT

International Planned Parenthood Federation

1992

Every family planning client has the right to:

1. INFORMATION

All members of the community have the right to balanced and accurate information on family planning (FP) for themselves and their families. They also have the right to know where and how to obtain more information and services for planning their families.

2. ACCESS

All members of the community have the right to receive services from FP programs, regardless of their social status, economical situation, political belief, ethnic origin, marital status or geographical location. Access includes **freedom** from **barriers** such as policies, standards and practices which are not scientifically justifiable or which represent provider biases.

3. CHOICE

Individuals and couples have the right to decide freely whether or not to practice FP. When providing FP services, clients should be given the freedom to choose which method of contraception to use.

4. SAFETY

FP clients have the right to safety in the practice of FP. Clients have the right to know if FP methods protect against sexually transmitted infections (STI) and HIV and to risk assessment and STI/HIV counseling. Clients have the right to receive or be referred to other reproductive health (RH) services as needed.

5. PRIVACY

When discussing her/his needs or concerns the client has the right to do this in an environment in which she/he feels confident that her/his conversation with the counselor or service provider will not be listened to by other people.

When a client is undergoing a physical examination, it should be carried out in an environment in which her/his right to bodily privacy is respected.

6. CONFIDENTIALITY

The client should be assured that any information she/he provides or any details of the service received will not be communicated to third parties without her/his consent.

7. DIGNITY

FP clients have a right to be treated with courtesy, consideration, attentiveness and with full respect of their dignity regardless of their level of education, social status or any other characteristics which would single them out or make them vulnerable to abuse.

8. COMFORT

Clients have the right to feel comfortable when receiving services. This right of the client is intimately related to adequacy of the service delivery facilities and quality of services.

9. CONTINUITY

Clients have the right to receive contraceptive services and supplies for as long as they need them. Clients have the right to receive or be referred to other RH services as needed.

10. OPINION

Clients have the right to express their views on the services they receive.

Adapted from:

International Planned Parenthood Federation (IPPF): *Rights of the Client* (Wall chart). London, International Planned Parenthood Federation, 1992.

Nyong'o D (ed): Quality Services, Client Satisfaction. *Africa Link* 1994(October):1-40.

Huezo C, Diaz S: Quality of Care in Family Planning: Clients' Rights and Providers' Needs. *Advances in Contraception* 1993;9:129-139.

APPENDIX C

NEEDS OF THE PROVIDER

C. Huezo and S. Diaz

1993

Providers have critical needs also. Below are needs or rights of providers which facilitate their ability to provide services that address clients' rights.

1. TRAINING

To have access to the knowledge and skills needed to perform all the tasks required of them.

2. INFORMATION

To be kept informed on issues related to their duties on a regular basis.

3. INFRASTRUCTURE

To have appropriate physical facilities and organization to provide services at an acceptable level of quality.

4. SUPPLIES

To receive continuous and reliable supplies of the methods of contraception and the materials required for providing family planning (FP) services at appropriate standards of quality.

5. GUIDANCE

To receive clear, relevant and objective guidance, and support for making needed changes.

6. BACKUP

To be re-assured that whatever the level of care at which they are working, they will receive support from other individuals or units, to be assigned the number of clients no greater than can be assured the minimal quality of care required..

7. RESPECT

To get recognition for their competence and potential, and respect for their human needs.

8. ENCOURAGEMENT

To be given stimulus in the development of their potential and creativity.

9. FEEDBACK

To receive feedback concerning their competence and attitudes as assessed by others.

10. SELF-EXPRESSION

To express their views concerning the quality and efficiency of the FP program.

Adapted from:

Huezo C, Diaz S: Quality of Care in Family Planning: Clients' Rights and Providers' Needs. *Advances in Contraception* 1993;9:129-139.

REFERENCES

The following list includes the Key Resources for this Module (see page 3-9), references used to develop this module, and other resources that are particularly useful for trainers.

Bates B: *A Guide to Physical Examination and History Taking*, 4th ed. Philadelphia, PA, J.B. Lippincott Company, 1987.

Textbook designed for readers who have had basic courses in human anatomy and physiology. First three chapters cover interviewing, the health history, common and important systems, and the assessment of mental status. Subsequent chapters devoted to review of body systems, sequence and techniques of physical examination, and identifying selected abnormalities. Final two chapters deal with clinical thinking and organizing patient records. Fourth edition features Chapter 2, "An Approach to Symptoms," which defines the technical terms for common and important symptoms, suggests specific ways of asking about them, and outlines some of their mechanisms and causes.

Available in **English** from:

Lippincott-Raven
P.O. Box 1600
Hagerstown, Maryland 21741, USA.
Tel: 1-301-714-2300
Fax: 1-301-824-7390
E-mail: LROrders@phl.lrpublish.com

Church C, et al: Voluntary Female Sterilization: Number One and Growing. *Population Reports Series C*, 1990;(8):1-23.

Overview of cross-national voluntary female sterilization rates, most widely used sterilization procedures, the advantages of local anesthesia and counseling guidelines. Provides many easy-to-read and informative tables, figures, as well as a glossary of voluntary female sterilization. Available in **English**, **French** and **Spanish** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Family Health International: Breastfeeding. *Network* 1992;13(2):1-31.

Reviews contraceptive benefits of breastfeeding. Articles cover the Lactational Amenorrhea Method (LAM), contraceptive counseling for postpartum women, HIV and breastfeeding, and the role of community education in gaining popularity for breastfeeding among Honduran women. Available in **English, French** and **Spanish** from:

Family Health International (FHI)
P.O. Box 13950
Research Triangle Park, North Carolina 27709, USA.
Tel: 1-919-544-7040
Fax: 1-919-544-7261
E-mail: dcrumpler@fhi.org

Family Health International: *Contraceptive Technology Update Series: Injectables*. Research Triangle Park, NC, FHI, 1993.

Module covering the mechanisms of action, method effectiveness, indications and precautions for use, advantages and disadvantages, and a variety of programmatic issues for injectable contraceptives. Includes a set of slides, a suggested narrative, audience handouts, a bibliography and reprints of selected scientific publications. Designed for use by trainers and presenters at workshops and seminars. The intended audience includes health policy administrators, physicians, nurses, counselors, midwives and other health professionals. Available in **English, French** and **Spanish** from:

Family Health International (FHI)
P.O. Box 13950
Research Triangle Park, North Carolina 27709, USA.
Tel: 1-919-544-7040
Fax: 1-919-544-7261
E-mail: dcrumpler@fhi.org

* Guillebaud J: *Contraception: Your Questions Answered*, 2nd ed. New York, Churchill Livingstone, Inc., 1993.

Addresses combined pill, with particular attention to cancer risks and protection, new formulations and pill-free interval. Covers material on female condom (Femidom), IUDs, uterine ablation, patient compliance, service provision and contraception after recent pregnancy. Contains full coverage of contraceptive implant, NORPLANT®. Contains glossary as well as numerous figures and tables. Available in **English** from:

Churchill Livingstone, Inc.
650 Avenue of the Americas
New York, New York 10011, USA.
Tel: 1-212-206-5000; toll free (North America): 1-800-553-5426
Fax: 1-212-727-7808

* These resources are particularly useful for trainers.

- * Hatcher RA, et al: *Contraceptive Technology*, 16th rev. ed. New York, Irvington Publishers, Inc., 1994.

Comprehensive manual for reproductive health care providers that is updated frequently. Provides practical clinical guidelines for reproductive health counseling, contraceptive methods and treatment for reproductive tract infections. Includes guidelines for client education and lists of frequently asked questions. Seventeenth edition available December 1997 in **English** from:

Irvington Publishers, Inc.
Lower Mill Road
North Stratford, New Hampshire 03590, USA.
Tel: 1-603-922-5105
Fax: 1-603-922-3348
E-mail: suzy-g@moose.ncia.net

- * Hatcher RA, et al: *Emergency Contraception: The Nation's Best-Kept Secret*. Decatur, GA, Bridging the Gap Communications, Inc., 1995.

Covers currently available birth control pills containing both estrogen and progestin as emergency contraception. Includes discussions of Copper T 380A IUD, minipills, danazol and mifepristone (RU 486). Available in **English** from:

Bridging the Gap Communications
P.O. Box 33218
Decatur, Georgia 30033, USA.
Tel: 1-404-373-0530
Fax: 1-404-373-0408

- *Hatcher RA, et al: *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

Handbook for family planning and reproductive health care providers working in clinics and other health care facilities. Content based on scientific consensus recently developed under auspices of WHO and of USAID collaborating agencies. Chapters cover family planning counseling and methods in addition to sexually transmitted infections (STIs) including HIV/AIDS. Chapters describe effectiveness of family planning methods in terms of likelihood of pregnancy in first year of using method. Includes wall chart. Available in **English** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

* These resources are particularly useful for trainers.

Institute for Reproductive Health: *Breastfeeding: Protecting a Natural Resource*. Washington, DC, IRH, Georgetown University, 1990.

Describes benefits of breastfeeding and identifying specific actions policymakers can take, and are already being taken in some countries, to promote and preserve breastfeeding. Discusses benefits to infant/mother health, promotion of childspacing, changing health care practices and approaches to improving information, education, and communication campaigns for advancement of breastfeeding. In **English**, **French** and **Spanish**. For availability contact:

The Linkages Project
Academy for Educational Development (AED)
1255 23rd Street, N.W.
Washington, DC 20037, USA.
Tel: 1-202-884-8822
E-mail: carciaga@smtp.aed.org

* INTRAH: *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers*, 2nd ed. revised. Chapel Hill, NC, INTRAH, 1993.

Provides guidelines summarizing basic step-by-step clinical procedures for providing family planning services, including all modern childspacing methods, voluntary surgical contraception (counseling only), subfertility/infertility services, and infection prevention guidelines. Selected chapters and appendices are being updated to reflect latest WHO and other international guidelines. Chapter on progestin-only injectables and appendix on infection prevention were updated in **English** in 1996; **French** and **Spanish** versions will be completed in 1997. Chapters on IUDs, combined oral contraceptives and progestin-only pills are being updated. Available from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

* These resources are particularly useful for trainers.

Ipas: *Postabortion Family Planning: A Curriculum Guide for Improving Counseling and Services*.
Carrboro, NC, Ipas, 1996.

Course designed to develop and improve counseling skills among health and planning workers who interact with postabortion women. Divided into 11 modules, focusing on aspects of postabortion family planning. Includes basic review of family planning methods, use of methods after abortion, common sexually transmitted diseases, including HIV infection, information on treatment of complications of abortion, and reproductive anatomy and physiology. Includes chart summarizing content of each training step, time estimated for the step, training techniques, and any special aids needed. Available in **English, French, Portuguese** and **Spanish** from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Liskin L, et al: Condoms – Now More Than Ever. *Population Reports* Series H 1990;(8):1-35.

Reviews condom effectiveness and current obstacles to promoting their use. Offers strategies for countering obstacles, counseling condom users, improving availability and quality control. Includes bibliography. Available in **English, French, Portuguese**, and **Spanish** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Liskin L, et al: Vasectomy: New Opportunities. *Population Reports* Series D 1992;(5):1-23.

Reviews no-scalpel vasectomy and strategies for broadening vasectomy appeal and services through policy and mass media. Includes case studies from Kenya, Brazil and New Zealand. Available in **English, French** and **Spanish** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Mtawali G, et al: Contraceptive Side Effects: Responding to Clients' Concerns. *OUTLOOK* 1994;12(3)October:1-8.

Suggests clinical and counseling strategies to respond to side effects of reversible contraceptives and outlines decision pathways for addressing common side effects of progestin-only injectables, combined oral contraceptives (COCs) and IUDs. Available in **Chinese, English, Portuguese, Russian** and **Spanish** from:

Program for Appropriate Technology in Health (PATH)
4 Nickerson Street
Seattle, Washington 98109-1699, USA.
Tel: 1-206-285-3500
Fax: 1-206-285-6619
E-mail: info@path.org

* Mtawali G, et al: *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers*. Chapel Hill, NC, INTRAH, 1997.

Covers changes that take place during the menstrual cycle and ways that contraceptive methods interrelate with cyclic changes. Contains 21 sample client cases demonstrating how knowledge about changes in the menstrual cycle can be applied to management of FP clients' concerns, including postpartum FP. Includes wall chart. **French** and **Spanish** editions are forthcoming. Available in **English** from:

INTRAH
University of North Carolina at Chapel Hill
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208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
Email: eudy@intrahus.med.unc.edu

* These resources are particularly useful for trainers.

- * Pathfinder: *Comprehensive Family Planning and Reproductive Health Training Curriculum*. Watertown, MA, Pathfinder International, in press.

Set of 15 training modules for use as part of comprehensive family planning and reproductive health training of health providers. Modules assume minimal background in training physicians, nurses and midwives. Each module contains evaluation tool for participants to use in evaluating the training and a pre- and post-test for evaluating participants knowledge of technical material. Includes simulation skills practice, case studies, role plays, discussions, clinical practices, on-site observation, specific measurable objectives, knowledge, attitudes, skills checklist and exercises for developing action plans. Modules are: Module 1- Introduction/Overview; Module 2- Infection Prevention; Module 3- Counseling; Module 4- Combined Oral Contraceptives (COCs) and Progestin only Pills (POPs); Module 5- Emergency Contraceptive Pills (ECPs); Module 6- Depot Medroxyprogesterone Acetate (DMPA); Module 7- Intrauterine Devices (IUDs); Module 8- Lactational Amenorrhea and Breast Feeding Support; Module 9- Condoms and Spermicides; Module 10- Voluntary Surgical Contraception (VSC); Module 11- Manual Vacuum Aspiration (MVA) for Treatment of Incomplete Abortion; Module 12- Reproductive Tract Infections (RTIs); Module 13- Postpartum/Postabortion Contraception; Module 14- Training of Trainers; and Module 15- Quality of Care. Can be adapted for self-instruction, on-the-job training or distance learning. Entire series available in **Russian** and **Vietnamese**. Some modules are now available in **English** and **Spanish** versions. For further information contact:

Pathfinder International
Medical Services
9 Galen Street, Suite 217
Watertown, Massachusetts 02172, USA.
Tel: 1-617-924-7200
Fax: 1-617-924-3833
E-mail: emajernik@pathfind.org

The Population Council: *Guide to Effective Counseling: NORPLANT® Subdermal Implants*. New York, Population Council, 1989.

Provides health educators with accurate information on NORPLANT® Implants to educate clients regarding benefits and disadvantages. Provides concise and detailed overview addressing issues such as side effects, insertions, warning signs, and removals. Designed in easy-to-use question and answer format. Contains illustrations and a glossary of terms. Available in **English** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

* These resources are particularly useful for trainers.

Sivin I, et al: *The Copper T 380 Intrauterine Device: A Summary of Scientific Data*. New York, The Population Council, 1992.

Presents highlights of clinical performance of the Copper T 380 over eight years, including mechanisms of action, effectiveness, rates of expulsion, side effects, continuation rates and return to fertility. Excellent resource for administrators, managers and clinical workers. Includes tables, graphs, a bibliography and a glossary of terms. Available in **English** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

- * Technical Guidance/Competence Working Group and World Health Organization/Family Planning and Population Unit: Family Planning Methods: New Guidance. *Population Reports Series J* 1997;(44):1-48.

Presents condensation of: Technical Guidance/Competence Working Group. *Recommendations for Updating Selected Practices in Contraceptive Use, Volume I*, 1994 and *Volume II*, 1997; and a table summarizing: World Health Organization: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*, 1996. **French** and **Spanish** issues forthcoming. Available in **English** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
School of Hygiene and Public Health
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

* These resources are particularly useful for trainers.

- * Technical Guidance Working Group (formerly the Interagency Guidelines Working Group), Curtis KM, Bright PL (eds): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume I: Combined Oral Contraceptives, Progestin-Only Injectables, NORPLANT® Implants, and Copper-Bearing IUDs: Results of a Technical Meeting*. Chapel Hill, NC, INTRAH, 1994.

Contains procedural steps for administration of selected hormonal methods and copper-bearing intrauterine devices (IUDs) intended to provide guidance for persons and organizations who are developing, updating or revising family planning procedural and service guidelines. Includes general recommendation concerning importance of addressing STDs within family planning care. Summarizes expert opinion on selected procedural questions in provision of each contraceptive. For each recommendation, scientific rationale is given and supporting research is cited. All data presented in easy-to-read tables.

Available in **English** and **French** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB #8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Available in **Portuguese** and **Spanish** from:

JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

- * Technical Guidance/Competence Working Group, Gaines M (ed): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume II: Results of a Technical Meeting*. Chapel Hill, NC, INTRAH, 1997.

Volume II supplements *Volume I*. Intended audience is persons and organizations developing or updating family planning/reproductive health procedural and service guidelines. Addresses Lactational Amenorrhea Method (LAM), natural family planning, barrier methods, voluntary sterilization, combined (monthly) injectable contraceptives, progestin-only pills, levonorgestrel-containing intrauterine devices (IUDs), emergency contraceptive pills and questions on *Volume I* methods not addressed in the first edition. Includes community-based services checklists for initiating combined oral contraceptives and Depo Provera®, guidance on client-provider interaction in family planning services, and information on contraceptive effectiveness (typical and perfect pregnancy rates) and STD risk assessment. **French, Portuguese** and **Spanish** editions forthcoming. Available in **English**.

English and **French** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB #8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Portuguese and **Spanish** from:

JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

* These resources are particularly useful for trainers.

Tietjen L, Cronin W, McIntosh N: *Infection Prevention for Family Planning Service Programs: A Problem-Solving Reference Manual*. Durant, OK, Essential Medical Information Systems, Inc., 1992.

Manual of procedures for infection prevention from handwashing to autoclaving presented in clear, step-by-step directions. General principles of infection prevention are followed by chapters focused on infection prevention in provision of specific family planning procedures such as sterilization, IUD, and NORPLANT® management. Includes many helpful tables of summarized information as well as simple drawings, diagrams and decision trees. Available in **English** from:

Essential Medical Information, Inc.
P.O. Box 1607
Durant, Oklahoma 74702-1607, USA.
Tel: 1-405-424-0643
Fax: 1-405-924-0643
E-mail: saleemis@emispub.co

Wilson KJW, Waugh A: *Ross and Wilson Anatomy and Physiology in Health and Illness*, 8th ed. New York, Churchill Livingstone, Inc., 1996.

Provides nurses and other health workers with knowledge of structure and functions of the human body and what takes place when diseases disrupt normal processes. Material arranged in sections: the body as a whole and its constituents; internal communication; intake of raw materials and elimination of waste; protection and survival. Contains anatomically accurate illustrations. Available in **English** from:

Churchill Livingstone, Inc
650 Avenue of the Americas
New York, New York 10011, USA.
Tel: 1-212-206-5000
Fax: 1-212-727-7808

World Health Organization, Division of Family and Reproductive Health: *Breast-feeding and Childspacing: What Health Workers Need to Know*. Geneva, WHO, 1988.

Brochure provides physicians and other health care workers information on the relationship between breastfeeding and childspacing. Numerous illustrations. Includes table listing advantages and disadvantages of family planning methods for breastfeeding women. Available in **Arabic, English** and **French** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

- * World Health Organization, Division of Family and Reproductive Health: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating Use of Contraceptive Methods*. Geneva, WHO, 1996.

Intended for policymakers, family planning program managers and scientific community. Contains recommendations for revising family planning policies and prescribing practices in line with updated medical eligibility criteria supported by latest scientific evidence. Guidelines presented in an easy-to-read table format. Available in **English** and **French**. Forthcoming in **Spanish** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

- World Health Organization, Division of Family and Reproductive Health: *Management of Patients with Sexually Transmitted Diseases*. Geneva, WHO, 1991.

A report of WHO study group considering ways that higher-quality and more comprehensive care might be provided for patients, in particular at primary health care level, for prevention and control of sexually transmitted diseases (STDs). Discusses principal components of adequate patient management (e.g., diagnosis and treatment, health education, counseling and partner notification, testing for other STDs, and case-reporting) and proposes management protocols for the most commonly encountered syndromes, including those due to chancroid, syphilis, gonococcal and chlamydial disease, trichomoniasis, candidiasis and infection with human immunodeficiency virus (HIV). Annexed to report are details of laboratory diagnostic methods, treatment recommendations and model forms for case-reporting. Available in **English** and **French** from:

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* These resources are particularly useful for trainers.